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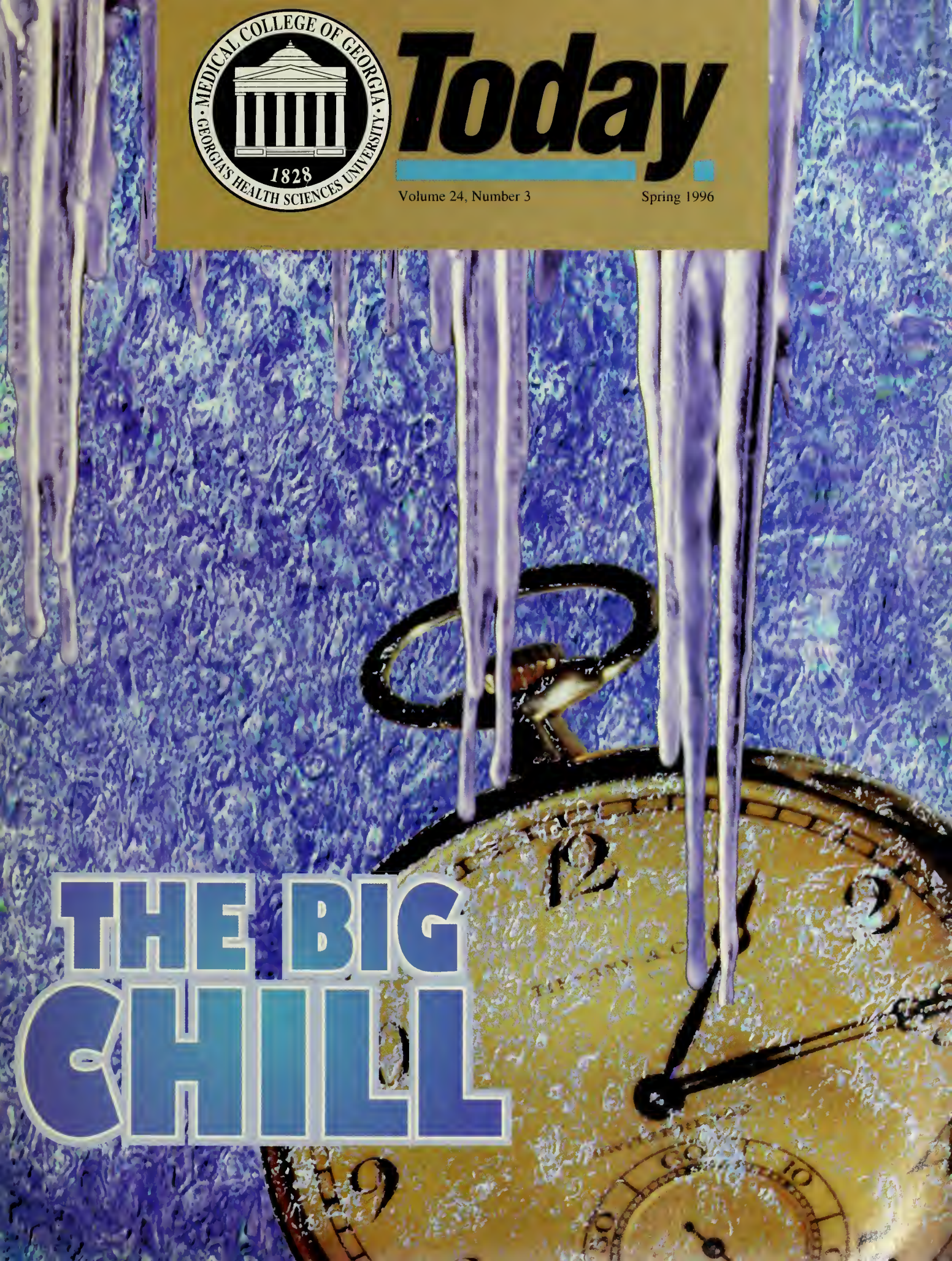
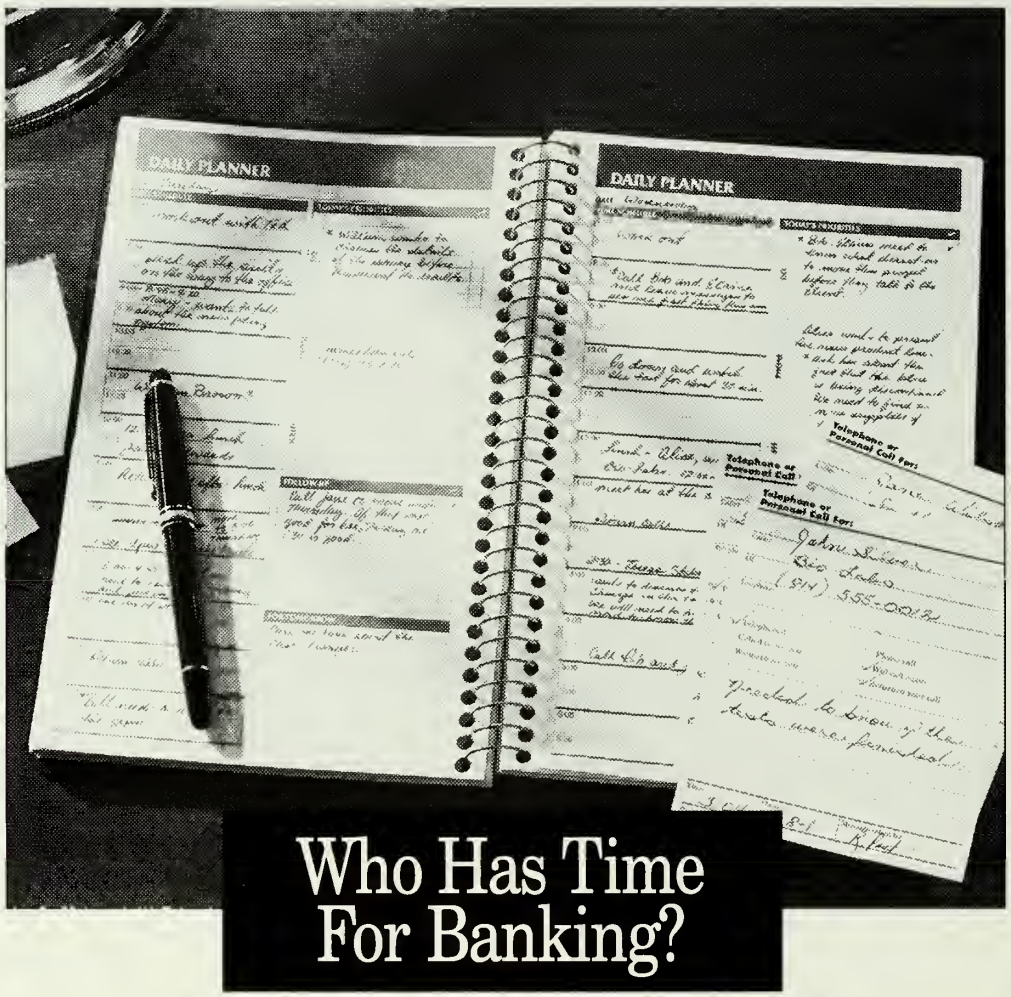
Today

Volume 24, Number 3 Spring 1996



THE BIG CHILL



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Today

Volume 24, Number 3 Spring 1996

Introduction

Ever wonder how tough it is to be admitted to the Medical College of Georgia? Tougher than you might think. In the School of Medicine, for instance, almost 2,000 candidates applied for the 180 freshman slots in 1995.

Those odds, which are reflected in all five of MCG's schools, are something of a mixed blessing. The bad news is that excellent candidates must be turned away. The good news is that MCG is producing the most talented, bright and dedicated healthcare professionals in its history. Read about the admissions process in this edition of *Medical College of Georgia Today*.

Read also about someone who applied to the School of Medicine some 44 years ago—and very nearly missed the cut. Luckily for MCG, the man who reviewed Dr. Carl R. Hartrampf Jr.'s application sensed the makings of a fine physician, less-than-stellar test scores notwithstanding. Today, Dr. Hartrampf is one of the best-known reconstructive surgeons in the world. He invented the TRAM flap, a revolutionary means of reconstructing a breast using excess tissue from the lower abdomen. Dr. Hartrampf also is the recipient of a medical miracle: a cochlear implant restored his hearing after a virus left him completely deaf.

MCG had more than its normal share of excitement last December when a film crew descended on campus to produce a series of videotapes dealing with research ethics. Learn about MCG's involvement in a project that will affect students and scientists nationwide.

And don't miss our cover story, a truly fascinating report on inducing hypothermia for certain surgical procedures.

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Medical College of Georgia Today is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communication; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to Brenda Carter at *Augusta Magazine*, (706) 722–5833, P. O. Box 1405, Augusta, Georgia 30903. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised.

THE BIG CHILL

Hazel Davis couldn't breathe.

"I bent over one day and…I didn't have any air. I grabbed a pole and held onto it until I could finally get my breath," said the 48-year-old woman who raises chickens with husband Glad in Dahlonega, Ga.

She knew about the genetic condition that makes her blood tend to clot. "My father died with it. My sister has blood clots." When she was 23, leg pain sent her to a doctor who told her she had a blood clot in her leg and lots of tiny ones in her lungs.

Over time, the clots made a deadly home in the walls of the arteries to her lungs, slowly closing off the arteries until adequate blood couldn't get through.

That day in the chicken house, she figured she would die. But Mrs. Davis made it to her family doctor, Richard A. Wherry (class of 1974) who referred her to cardiologist Timothy A. Scully in nearby Gainesville, Ga. He told her about the extent of the clots and the damage to her overworked heart that had been trying to pump blood past the clots. Dr. Scully also told Mrs. Davis they'd try to find a doctor who would or could fix her problem. There was talk that she might have to go to California, but Mrs. Davis found someone willing to take the extreme measures required to save her life at the Medical College of Georgia.

Dr. Christopher D. Stone, Chief of the MCG Section of Cardiovascular and Thoracic Surgery, needed to remove the multiple clots clogging Mrs. Davis' blood flow. Ironically, he couldn't do the painstaking task if the blood that was in the pulmonary arteries and surrounding tissue obscured his vision.

"He told me that if he couldn't do the surgery, I didn't have any hope; it was just a matter of time," Mrs. Davis said.

And what he told her about doing the surgery was pretty hard to imagine.

To get the clear operating field he needed, he intended to cool her body temperature to less than half its normal 37 degrees Celsius, then drain most of her blood out.

Technically, she'd be dead.

"Deep hypothermia simply means that we cool the body down to around 15 degrees (Celsius); essentially it's the temperature of an ice-cold drink coming out of the refrigerator. We cool until the brain waves are silent, until the EEG is flat," Dr. Stone said. "At those temperatures, brain metabolism is reduced from normal to approximately one-quarter normal metabolism. At that temperature, should we need to operate on blood vessels to the brain or to operate on the aorta or the pulmonary arteries (such as in Mrs. Davis' case) without any blood in our field, we are able to operate safely for 30 to 45 minutes. From 45 minutes to an hour is less safe, but still acceptable."

"It's the same principle of getting drowned in cold water during winter," said Dr. Ganesh M. Pai, cardiothoracic surgeon who works with the neurosurgery team in such cases. "Even though their heart is arrested, in a half hour, if they can be resuscitated and gradually warmed, they still survive without much loss of function."

"The limiting factor is the brain," Dr. Stone said. "From our experience with liver and kidney transplantation, we know that by cooling to around 15 degrees centigrade, these organs are good for four

hours. It's only the brain that limits us to 45 minutes."

Hypothermia is a common tool in the operating room. Cool blankets, cool room temperatures and ice or slush packed around key areas such as the head or heart routinely are used to cool patients' temperatures by several degrees or more and lower metabolic function.

"In neurosurgery, there is present information that even lowering your body temperature 2 to 3 degrees will decrease brain oxygen consumption," said Dr. Stevin A. Dubin, anesthesiologist who works with MCG neurosurgeons. "Any decrease in brain oxygen consumption will give you a little extra protection during an ischemic period."

During heart bypass surgery, patients are routinely cooled to 25 to 28 degrees Celsius. "At those temperatures, we're able to stop blood flow to the body for periods of up to five minutes, perhaps even a little longer, without any ill effects," Dr. Stone said.

In 1950, a Canadian surgeon using animal models introduced the idea that more dramatic reductions in temperature coupled with stopping blood flow might be useful in cardiac surgery. Dr. W. G. Bigelow used surface cooling efforts alone to lower body temperatures to 20 degrees Celsius, then cut off circulation for 15 minutes.

Today, its use is hardly routine; rather, the decision to opt for profound hypothermia coupled with circulatory arrest is typically made out of necessity.

"We are very selective. We've been doing this for 12 years and we've had 11 patients in our experience," Dr. Dennis McDonnell, Chief of the MCG Section of Neurosurgery, said of its role in brain surgery. "But there are certain circumstances that we run up against where the problem would be inoperable. Almost all these procedures are aneurysms."

An aneurysm is a weak point in the wall of an artery or vein in which the natural elasticity is lost. Brain aneurysms are slightly more common in women and smokers and they tend to occur at branches in the vessels. They are particularly devastating in an artery where blood flows under high pressure and the constant pounding can cause the weak point to balloon out and possibly rupture.

"The amount of blood that's lost is probably around a teaspoon or so," Dr. McDonnell said. "The only problem is it's inside your head and it's lost very quickly so that the pressure inside your head rises very rapidly during those few seconds when the bleeding is occurring to equal the blood pressure. Immediately, all circulation is lost to the brain for a transient moment and that's what stops the bleeding. If there's a loss of a lot of blood, a tablespoon or more, that could result in death."

About 50 percent of people with such a bleed die; in the other half, the blood just dissipates. There is no way to predict which category someone will fall into and, after the first bleed, the biggest complication within the next 24 hours is a second bleed.

Dr. McDonnell must remove the weak tissue without puncturing the balloon which is so thin he can literally see the blood swirling through it. He had performed a dissection just the day before by putting a clip on the artery for less than five minutes so the balloon got softer and easier to remove.

But some days, it's not that straightforward. "It's a matter of being able to control flow in the artery; that's the issue," Dr. McDonnell said of his decision to use profound hypothermia and circulatory arrest. Sometimes the aneurysms are too large or involve too many blood vessels to be repaired within a safe five minutes.

Drs. Pai and Dubin use surface cooling, such as the cold blankets, as well as

refrigerated intravenous fluids and vasodilators to override the body's natural response to cold, which is to constrict blood vessels and hold heat.

The same heart and lung bypass machine used for routine coronary bypass surgery is used in this case to finish lowering the patient's core temperature from a normal of about 37 degrees Celsius to between 16 to 18 degrees Celsius.

"You should be watching the core and skin temperatures," said Dr. Shahnaz Bari, cardiac anesthesiologist who works with Dr. Stone. "You want uniform cooling because uneven cooling is bad for the brain."

At the desired temperature, the machine is turned off, the arterial line that pumps blood into the body is clamped and the venous line is left open so most of the patient's blood volume runs into the machine's reservoir, said Ron Duvall, chief perfusionist. Veins and arteries collapse. "You want a bloodless field. That's the purpose for circulatory arrest," Mr. Duvall said.

"Everything is at a standstill," Dr. Bari said. "It's the most crucial point, where your want to limit your time. We inform the surgeon every five minutes or every one minute in more tense situations."

"We get everything ready, stitches loaded, and we only work with the very best personnel during these cases because a new person just cannot keep up," Dr. Stone said. "Obviously, it's one of the very few times in modern surgery where speed counts. In most modern surgery, meticulous attention to detail is the most important thing."

Dr. Stone most often uses profound hypothermia and circulatory arrest in his high-risk aorta repair program. Smoking, high blood pressure and being a man are risk factors. Some people are born with a weakness in the wall of their aorta—Abraham Lincoln was among them—or with a too-narrow aorta.

Problems with the aorta, the big vessel that takes oxygen-rich blood out of the heart and to the body, are among the most underdiagnosed in medicine, Dr. Stone said. "Over time, the aorta will expand, much like a weak part of a tire will get bigger because of the pressure. When it expands, it becomes an aneurysm." The expansion often comes with no symptoms. When symptoms do occur, one can be chest pain that mimics the pain of coronary artery disease. But in these patients, the heart rhythm, tracked by an electrocardiogram, is normal.

Problems with the aortic arch, a bend in the aorta just before the place where blood vessels branch off to take oxygen-rich blood to the brain, typically necessitate profound hypothermia and circulatory arrest. "Many heart surgeons say that the soul is right there," Dr. Stone said.

He must stop blood flow to the brain for an extended period in these major surgeries, in which he replaces the damaged aorta with pliable Dacron tubing that comes in assorted sizes. "Obviously we can't operate with blood flowing. Blood is coming out of the tube so fast it's like a garden hose."

Ironically, the normal anatomy of the aorta itself is a risk factor because the aorta constantly twists as blood pulses through it while the arch remains fixed. This natural stress point also makes the arch a target for trauma, particularly in deceleration injuries such as a car hitting a telephone pole.

Dr. H. Victor Moore remembers a 12-year-old boy who had a deceleration injury that sheered the innominate artery off his aorta. "We looked at his arteriogram and felt there was not any way that we could comfortably control that vessel for repair without total interruption of blood flow to his brain," the pediatric heart surgeon said. Using profound hypothermia and circulatory arrest to clear his operating field, Dr. Moore repaired the torn vessel in about 20 minutes; the child completely recovered.

"It's a tool that we use and, knowing its limitations, it's a very effective tool that facilitates surgery in very small infants and in very specific circumstances where you have to interrupt blood circulation to the brain," said Dr. Moore, who has been using the tool effectively—and selectively—at MCG since 1973.

When he's operating on a heart a small as a walnut, access can be a routine problem; sometimes the heart is so small that the cannulas inserted for routine bypass can get in the way.

"One of the earliest reasons to use profound hypothermia and circulatory arrest was to stop the heart, pull out all the cannulas, do the surgery, then put the cannulas back in," said Dr. Robert P. Introna, Chief of the Section of Pediatric Anesthesiology, who works with Dr. Moore. "That's what we do for the little, tiny babies."

But improved techniques and the miniaturization of perfusion instruments have helped the pediatric heart surgery team be even more selective in the use of this extreme measure.

"We've pretty much tailored it to specific defects as opposed to pure size," Dr. Moore said. He uses this approach

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almost universally on a defect called total anomalous pulmonary venous return, in which blood takes an ineffective route from the lungs back to the right side of the heart rather than the left side which would take it out to the body. "We approach that repair from behind the heart, lift the heart out and rotate it up. In order to do that, you need a bloodless field." Also, in a baby who weighs less than 6 or 7 pounds and has a ventricular-septal defect, a hole between the two pumping chambers of his heart, "you trade circulatory arrest for 30 minutes to be able to technically do the operation more accurately," Dr. Moore said. "There are trade-offs to everything," Dr. Introna concurred. One very real one to this surgery is the potential for brain injury; transient seizures and abnormal movements can occur after surgery. The first two days after surgery are critical, with patients closely monitored for heart arrhythmias, changes in electrolytes, bleeding and clotting.

"This is surgery, that is desperate surgery," Dr. Stone said. "In the past, [many of] these patients just died. It's still not 100 percent, but it used to be that we didn't even try. The reality is we are getting better and better."

—TONI BAKER

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Lights... Camera... Ethics!

As two scientists chat at a bar, one becomes increasingly blitzed, downing one beer after another. With slurred speech and bleary eyes, he begins dishing about a mutual acquaintance. The acquaintance also is a scientist; in fact, the sauced researcher at the bar happens to be reviewing his grant application. The scientist confides to his friend that the guy has stumbled on to a major biomedical discovery. This stuff is big. Huge. Nobel material.

The sober scientist listens to his friend's disclosure with awe and envy. He stays cool on the surface, but his mind is racing. Why, his research is in the same area! He was probably only a few steps away from the findings that are about to make this other guy famous! In fact, since this guy's findings aren't published yet, he may just beat him to the punch, now that he's in on the secret....

Good news: These guys aren't really scientists; they just play them on TV.

In fact, the liquid in the drunk's beer bottle is water, and he's as sober as a post. The acquaintance with the Nobel-quality research doesn't really exist at all. And the bar is actually a makeshift set on the second floor of the Medical College of Georgia Student Center.

MCG recently turned Hollywood, complete with actors, cameras, an assistant director doubling as makeup artist, a writer/producer and a director whose congenial disposition began to falter as a train roared through downtown Augusta during the bar scene.

"How long does it take the train to pass through?" he asked edgily as he put the videotaping on hold in deference to the shriek of the train whistle.

"Depends on how fast it's going... and how many cars it has," a crew member offered lamely.

The director shrugged. "At least it's better than an earthquake-damage crew," he conceded. "That's what I usually get. We'll start filming and a crew outside will start cleaning up earthquake damage."

True, earthquake-damage crews are hard to come by in Augusta. But then, so are national film production companies. So what's this one doing here?

The American Association for the Advancement of Science is sponsoring a series of videotapes to be distributed to graduate schools nationwide in an attempt to prepare students and scientists for poten-

tial ethical dilemmas they may encounter. The reason the series is being videotaped at MCG can be traced largely to Dr. Lowell M. Greenbaum and his longstanding commitment to instilling a strong sense of integrity in his students. Dr. Greenbaum, recently retired Dean of the School of Graduate Studies and Vice President for Research, developed and teaches a class on scientific communication and ethics at MCG—a project that ultimately led to MCG being pivotally involved in a project to help teach ethics to researchers and research students nationwide.

Dr. Greenbaum, Professor Emeritus in the Department of Pharmacology and Toxicology, has long realized that issues involving research ethics come in shades of gray far more often than in black and white. Take the scenario about the two scientists in the bar: Sure, people shouldn't gossip or divulge confidential information...but many do. Sure, scientists should be more interested in the public trust and well-being than in their own egos...but the temptation to take shortcuts en route to fame and glory exists. Dr. Greenbaum wants researchers to be aware of and prepared for such potential mine fields.

"Research brings on the pressure for promotion, which comes by way of publications, research grant support and recognition," Dr. Greenbaum said. "In addition, we have our egos. We want to be nationally recognized, internationally recognized. So when things aren't going in the direction you wish, some people can't handle it and result to fabricating experiments, falsifying data and even plagiarizing."

But whereas many academic institutions once covered up such misconduct for the sake of their own reputations, the climate is completely different today. "MCG, for instance, is very forthright about exposing misconduct," Dr. Greenbaum said. "We try to educate students and faculty that their professional reputations are always at stake, and any kind of accusation has an effect on the future of their career."

Of course, society as a whole is the biggest loser if researchers compromise their ethics, Dr. Greenbaum stressed. "The consequence of fraud is not only lack of public confidence, but the great expense of moving people in the wrong direction to continue research." Public suspicion of scientists also translates into reduced research funding. And at its worst, compromised ethics in the field of biomedical research can actually mean a matter of life and death.

But can integrity be taught? Dr. Greenbaum has great confidence in the overall character of the scientific community, but he noted that even highly principled people face ethical dilemmas in the research environment. Dr. Greenbaum wants graduate students to be prepared. In addition to developing the ethics course, Dr. Greenbaum also wrote and directed a series of mini-plays in 1992 dealing with ethical dilemmas in research. He cast the roles with students and faculty, had them videotaped by MCG's Television Services, then presented the plays to research-affiliated segments of campus. As he hoped, the stories provoked considerable debate, deliberation and introspection.

They also caught the eye of a national film producer. Dr. Greenbaum happens to be a friend of New York-based film producers Amram Nowak and Manya Starr, a husband-and-wife team, of Amram Nowak Associates. The couple was impressed with Dr. Greenbaum's efforts and the production values of MCG Television Services. They envisioned a much larger audience for Dr. Greenbaum's message.

"My husband and I became very interested in research ethics after a case in which a woman in a lab fudged results to make her look good," Ms. Starr said. "The whole issue of ethics and pure science research was interesting to us, and we thought it would be of general interest." She and her husband approached the American Association for the Advancement of Science and requested funding for a non-profit series of videotapes dealing with research ethics to be distributed to graduate schools throughout the country. The association endorsed the project, as did 17 National Institutes of Health institutes and centers which contributed to its funding—a tremendous show of support, Dr. Greenbaum said.

The couple then contacted Dr. Greenbaum, and MCG administrators agreed to have the videotapes produced on campus.

"I think it was a natural coming-together," said Dr. Barry D. Goldstein, MCG Vice President for Academic Affairs. "Dr. Greenbaum is quite well-

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known across the country for his efforts in promoting research ethics. I think it's good for MCG to be associated with any effort to promote research ethics, and this will be another mechanism to do that.The series will be widely distributed through the marketing mechanisms of the American Association for the Advancement of Science, and we're very pleased they decided to do the work here."

MCG donated a temporary office for the crew, lab space and other areas on campus for videotaping and the services of MCG's Division of Health Communications, including Television Services. Actors were hired throughout the Southeast; some 150 auditioned for 25 parts. MCG graduate students were recruited as extras.

The crew was in town Dec. 2-13 to videotape the series. Ms. Starr wrote the scripts, collaborating with scientists from throughout the country to assure relevance and authenticity.

"Through our discussions, I got an idea of the different kinds of problems of the greatest interest—things like fudging data," Ms. Starr said. "Then I invented characters and stories that would best bring the issues to life. I wanted it to be interesting, recognizable to real scientists and hitting the crucial issues." She also purposely wrote unresolved ethical conflicts into the scripts to trigger thought and discussion.

The project went wonderfully smoothly, she said, notwithstanding a few prickly details, such as noisy equipment in labs used for sets and actors with less-than-flexible schedules.

"Most of these actors have regular jobs, and we've had to do lots of accommodating. I'm used to New York, where actors say, 'Any time, any where, as long as you need me,'" Ms. Starr said with a laugh.

The production company will edit the videotapes in New York. The American Association for the Advancement of Science is scheduled to distribute them to research institutions throughout the country this spring. The product will be in the form of five cassettes with an accompanying booklet explaining how to use the tapes and suggesting pertinent questions to prod conversation.

Dr. Greenbaum stresses that the videotapes are unlikely to prompt applause. "Nobody sees these things and comes away happy," he said. "It's not something people want to hear goes on in this profession. But I believe if people understand the pressures of research and the consequences of misconduct, we will have prevented a number of individuals from going astray." ■

—CHRISTINE HURLEY DERISO

AlumNews

Dr. Francis J. Tedesco delivers 1995 State of the University Address.

Dr. Tedesco Listed Among Most Influential Georgians

Dr. Francis J. Tedesco, President of the Medical College of Georgia, has been named one of the 100 most powerful and influential Georgians by *Georgia Trend* magazine.

The Atlanta-based business magazine publishes the list annually. This year's list was published in the January 1996 edition of the magazine and reflected accomplishments in 1995.

Dr. Tedesco was cited for, among other accomplishments, paving the way for MCG to participate in managed care and other non-traditional means of competitive healthcare delivery; serving as a world pioneer for telemedicine; and making quality healthcare accessible to all Georgians.

"His vision of making even the most exotic specialties available to all of the state, including rural Georgia communities, is fast becoming a reality," the magazine wrote. "By combining television, computers, special communications and other state-of-the-art technology with basic medicine, Tedesco is on course for reviving the physician house call."

The magazine assessed Dr. Tedesco's outlook as "continuing to position MCG so that it will thrive as a leading academic health center in this managed-care environment." ■

Alumni Invited to Homecoming 1996

The following events, listed chronologically, will be featured during the Medical College of Georgia's 1996 Homecoming celebration May 2-5. For more information, call the Alumni Office at 1-800-869-1113.

Thursday, May 2, 1996

■ On-site registration, 9 a.m. to 2 p.m., MCG Alumni Center lobby.
■ MCG Bookstore opened 9 a.m. to 5:30 p.m.
■ School of Graduate Studies Alumni Association Distinguished Alumnus Award Presentation and Lecture, 4 p.m., MCG Alumni Center Ballroom.
■ School of Graduate Studies Alumni Association reception, 5 p.m., MCG Alumni Center Garden Room.
■ School of Graduate Studies Italian buffet, 6 p.m., MCG Alumni Center, $10 per person for dinner and reception, no fee for students. Portrait of Dr. Sam Singal will be unveiled.

Friday, May 3, 1996

■ On-site registration, 9 a.m. to 4 p.m., MCG Alumni Center lobby.
■ MCG Bookstore opened 9 a.m. to 5:30 p.m.
■ Homecoming hospitality suite opened 9 a.m. to midnight, Radisson Riverfront Hotel, room 325.
■ Medical technology continental breakfast, 8 a.m.; program, "Models for Laboratory Restructuring," 8:45 to 11:45 a.m. The Outstanding Medical Technology Alumnus Award will be presented during the program. $20 per person (includes breakfast, coffee break and 3.00 CEUS), Old Medical College Conference Room.
■ Dental hygiene program, "In Pursuit of Excellence," 8:15 a.m. to 4 p.m. (registration at 7:45 a.m.), MCG Alumni Center Ballroom. For more information, contact the MCG Division of Continuing Education at 1-800-221-6437 or 706-721-3967.
■ Homecoming golf tournament, tee times begin at 10 a.m., Jones Creek Golf Club, $60 for alumni, $40 for students.
■ Tour of MCG Hospital and Clinics, 10 a.m., MCG Alumni Center lobby.
■ Physical therapy open house, 10:30 a.m. to 12:30 p.m., Physical Therapy Building.
■ School of Allied Health Sciences Alumni Association luncheon and presentation of Distinguished Alumni Award, noon, Old Medical College Ballroom, $9 per person. Alumni and faculty invited.
■ Physical therapy course: "Inflatable Equipment: Dynamic Treatment Options for All Ages," 1-5 p.m., Physical Therapy Bldg.
■ School of Medicine Dean's Reception, 5-7 p.m., Old Medical College Solarium.
■ Physical therapy dinner, cash bar—6:30 p.m., dinner—7 p.m., location to be announced.
■ School of Medicine Alumni Association banquet and presentation of Distinguished

...continued on page 20

Respiratory Therapist Named Employee of the Year

Christine Hurley Deriso

Valerie Denise Terry, a Medical College of Georgia respiratory therapist whose interest in the field dates back to MCG's extensive efforts to save her life after her premature birth 31 years ago, has been named Hospital Employee of the Year by the Georgia Hospital Association.

Ms. Terry, Pediatric Coordinator in the MCG Hospital and Clinics Department of Respiratory Care and a 1987 graduate of the MCG School of Allied Health Sciences, was selected from almost 100 nominees from hospitals throughout Georgia.

Ms. Terry has worked at MCG almost eight years. As Pediatric Coordinator in the Department of Respiratory Care, she supervises 12 therapists who provide round-the-clock care for children and infants with respiratory problems. She also coordinates patient and family discharge education, ensuring that parents and other care-givers can meet their children's day-to-day medical needs after leaving the hospital.

Ms. Terry has worked extensively with students training in the field and has organized several programs to further her staff's skills and education. She organized two lecture series and requires all staff members to become certified in Pediatric Advanced Life Support. She also coordinates volunteer and community efforts for her staff, including participation in asthma camps, walkathons, a cystic fibrosis conference and health fairs.

"Thanks to Valerie's efforts, [MCG] now has flexible staff with the expertise to work in all areas of the hospital," said William Specht, Director of Respiratory Care at MCG. "This has reduced personnel costs and eliminated excessive specialization. It has also resulted in a work force that is professional and capable of moving beyond problem identification to problem solution."

Ms. Terry also has a unique perspective on her patients' needs. On June 25, 1965, she was born at MCG Hospital and Clinics (then Talmadge Memorial Hospital) two months premature, weighing a mere 2 pounds. She had a host of respiratory problems resulting from underdeveloped lungs and was given slim odds of surviving. But after more than a year of almost constant medical treatment, she was given a clean bill of health. Exactly 22 years after her birth, she accepted her first position in the field of respiratory therapy and has worked in it ever since.

"I feel like I have come full circle," she said. "I started out as one of the smallest patients requiring care from these people I didn't know, an now I am one of the ones giving care to these little people I don't know."

She sometimes shares her story with the parents of a very sick infant. "It gives them hope," she said. "After all, offering hope and medical treatment is what we are all about."

Ms. Terry exhibits "dedication, a commitment to others, a quiet confidence and a sense of self that makes her incapable of being discouraged," Ms. Specht said. "These qualities, when coupled with a lively intelligence, thoughtfulness and a good memory for details, are rare and most impressive and result in great success." ■

Valerie Denise Terry

Dr. Johnston Wins Award

Ingrid Heggoy

Dr. Charlotte Johnston, Chairman of the Medical College of Georgia Department of Health Information Management, is one of four recipients of an American Health Information Management Association award for helping to set up the department's distance-learning program with DeKalb College in Atlanta.

She shares the Educator-Practitioner Collaborative Award with Atlanta residents Lynne Thomas Gordon ('78), Lela McFerrin and Brenda Bell, who provided classroom space, equipment and supplies in their respective hospitals for the project.

In winter 1993, Dr. Johnston began driving to Atlanta every Saturday to teach the group of students at DeKalb College. In spring 1994, she began teaching them via distance-learning equipment. The students met at DeKalb College, and Dr. Johnston taught them from MCG's distance-learning room in the campus

library.

Approximately 20 students attend MCG classes at DeKalb College, and the first group is scheduled to graduate with a bachelor's degree in health information management from MCG this spring.

Dr. Johnston earned a bachelor's degree in medical record administration from MCG in 1964 and a master's degree in anatomy from MCG in 1971. She earned a doctorate in educational administration from Georgia State University in Atlanta in 1987. ■

27 Named to Who's Who

Twenty-seven students in the Medical College of Georgia School of Allied Health Sciences will be included in the 1996 edition of *Who's Who Among Students in American Universities and Colleges.*

Inclusion in the annual directory is based on academic achievement, community service, leadership in extracurricular activities and potential for continued success. Students are nominated by campus nominating committees from more than 1,800 institutions of higher learning worldwide.

The students are Antoinette Brown, Robyn Julie Budenstein, Jacqueline H. Foltynowicz, Deborah W. Fordham, Lori S. Friar, Jeffrey H. Garner, Amanda H. Gentry, David L. Gross, Susan J. Harley, Terry Jean Helms, April Renea Hewell, Mandy G. Jameson, Jennifer Leach, Susan Kay Low, Carolyn Mary McKeown, Perry Lee Mitchell III, Tracy Lee Peabody, Derek Eugene Rhodes, Elizabeth Suzanne Sayers, Erin M. Sheehan, Jon D. Shepard, Dabney M. Shuttleworth, Audrey Stamm, Joseph S. Strickler, Richard L. Wilhoite, Amy E. Winkle and Amy Kettwig Wolfinger. ■

MCG to Receive 5 Hinman Scholarships

Glenn Hudson

The Medical College of Georgia has been chosen to receive five Thomas P. Hinman Student Scholarships which were awarded at the Scholars' Luncheon during the annual Thomas P. Hinman Dental Meeting in Atlanta March 21-24.

Two $2,000 scholarships were awarded to two MCG School of Dentistry students chosen by the school. Three $750 scholarships were awarded to dental hygiene students, to be chosen by the MCG School of Allied Health Sciences.

The Hinman Society recently donated $25,000 to the MCG School of Dentistry's preclinical teaching laboratory. ■

Dr. Johnston Named to Accreditation Council

Ingrid Heggoy

Dr. Charlotte Johnston, Chairman of the Medical College of Georgia Department of Health Information Management, has been named to the American Health Information Management Association's Council on Accreditation.

Dr. Johnston joined the MCG faculty in 1964 as an Instructor. She was named an Assistant Professor in 1981, an Associate Professor in 1985 and Chairman in 1989. Since 1990, she also has held the rank of Associate Professor in the MCG School of Graduate Studies. ■

Lost Alumni

The MCG Office of Alumni Affairs is trying to get back in touch with several "lost" School of Allied Health Sciences alumni and will regularly publish a list of several of them. If you have any information about their whereabouts, please contact the office toll-free at 1-800-869-1113 or, locally, 721-4001.

Paula M. Adams
Leslie M. Adams
Tracy A. Adams
Sandra S. Adams
Jacqueline A. Aiken
Molly J. Ainsworth
Ayoola O. Akigbogun
William A. Akins
Julie L. Akins
Ali M. Al-yousif
Lora M. Alberts
Shannon Lee W. Alexander
Lynne C. Allen
Susan G. Allen
Judith C. Allen
Celeste G. Alyea
Susan Anderson
Susan O. Anderson
Elizabeth G. Anderson
Cynthia L. Anderson
Ruth E. Anderson
Jennifer L. Anderson
M. Helen Anderson
Patricia G. Anderson
Sara E. Andrews
Carol A. Andrews
Karen H. Arcadipane
Oarcy R. Armstrong
Karin M. Aronowitz
Jonathon O. Arrington
Amy I. Ashley
Cheryl L. Askey
Telphor L. Austin
Sharnna Y. Autrey
Syed S. Badaruddin
Thomas Baier
Cynthia M. Baird
Suzanne R. Baker
Stacy G. Baker
Mark A. Baker
Susan K. Baldwin
Suzanne O. Ballentine
Margaret G. Banks
Robert L. Barber
Myrtle L. Barber
Melissa L. Bargeron
Sara K. Barlow
Mary B. Barlow
Angela D. Barnes
George R. Barnes
Julie M. Barnes
Teresa B. Barrett
Christine C. Barrett
Barbara L. Barrett
Sherry R. Bartles
Karla F. Battles
Betty Jo L. Bauer-Fancher
Andrea L. Bazzle
Oianne M. Beard
Laurie M. Beauchamp
Jeanne W. Beaudreau
Betty B. Behrns
Michael Bell
Jane H. Bell
Lewis P. Bell
Deborah L. Bellos
Pauline E. Bellos
Paul A. Benford
Junell G. Benjamin
Connie W. Berckes
Carol F. Berenbrok
Kelli M. Beriswell
Ann G. Berlett
Anne O. Bernhardt
Christoph N. Besong
Jonna B. Biebesheimer
Carol Bienstock
Cynthia K. Billings
Kareen M. Binion
Melanie W. Biondi
Maria B. Bipps
Phillip T. Bishop
Deborah L. Black
Angela K. Black
Alice R. Blackwell
Kristine L. Blair
Jeffrey D. Blanchard
Mary J. Blankenship
Carla G. Blue
Mary T. Boatright
Mary B. Boerste
Regina L. Boggs
Edgar A. Bollinger Jr.
Robert L. Borckel
Melissa L. Borum
Shannon S. Bosque
Jeffrey L. Boss
Shirley O. Bowen
Stacey B. Boyd
Zeldralyn S. Boykin
Patricia R. Boyles
Richard P. Boyleston
Bonnie G. Boyt
Alecia D. Bradley
Sherri E. Bradshaw
Mary E. Brawner
Leslie C. Bridges
Susan R. Britt
Oonna C. Brockett
Amy R. Broker
Joanne L. Brousseau
Mary E. Brown
Melissa W. Brown
Katherine E. Brown
Susan R. Brown
Kimberly Brown
Kimberly A. Brunhart
Jennifer A. Bryan
Carol F. Bryant
Oebra B. Bryson
Wanda Bucheit
Kathern S. Buck
Charita W. Bullard
Linda G. Burdette ■

Alum Lending Skills to Olympic Games

Glenn Hudson

Medical College of Georgia School of Dentistry alumna Alda Underwood will serve as Director of Dental Services for the 1996 Summer Olympic Games in Atlanta.

"I not only have an opportunity to serve humankind, I am in a position to actually impact the way we see each other as human beings," said Dr. Underwood, '84, an Atlanta dentist. "I have an opportunity to show people from other countries what Americans are like."

Dr. Underwood will provide dental care for athletes and others associated with the Olympics for 33 days as part of a 500-member medical team stationed in the Olympic Village on the campus of the Georgia Institute of Technology.

"It is particularly rewarding to serve those athletes from Third World countries who otherwise would never have the opportunity to get the quality care we have in the West," she said.

This will be Dr. Underwood's third involvement with an international athletic competition. She went to Lillihammer, Norway for the 1994 Winter Olympics as a spectator and served as a dentist during the 1994 Goodwill Games in St. Petersburg, Russia.

"When I got to St. Petersburg, I lived in the Olympic village on the Gulf of Finland. There was actually a dental clinic in the hotel. There was a woman dentist there named Valentina," Dr. Underwood said. "As soon as I got off the plane, people told me that Valentina didn't want anything to do with American dentists and that she would not be cooperative. They told me to do the best I could. No less than five people told me that.

"Well, we brought tons of supplies that American dental supply companies had donated because we knew the situation was dire. And, sure enough, when I got there Valentina would have nothing to do with me," she said.

"It took some time, but not a week later, I was providing care to the athletes. I had to win her over," Dr. Underwood said. "That is what international competition is all about, learning that we are all moving in same direction and that we all have the same hopes and aspirations."

One of her most memorable patients was a German boxer who had developed an abscess and was not going to be cleared to box. "He had to compete in the Goodwill Games in order to be eligible to medal in later games," Dr. Underwood said. "We didn't have access to an X-ray machine and we couldn't figure out the problem. We went from hospital to hospital looking for an X-ray machine.

"We finally found a hospital with X-ray, but it was so dark and dirty that we thought it was a building being demolished," she said. "We couldn't believe it was a hospital.

"The athlete's face was so swollen and the doctors there were so nice," Dr. Underwood said. "It took three hours before we got the X-ray, and then we couldn't read it. So we had to go back to the Olympic Village. We finally determined the abscess was of a periodontal origin. We used a scalpel that was so dull it would hardly cut, but we got it drained, got antibiotics, and the swelling went down and he was able to compete.

"This boxer was so grateful. He lost his round, but the morning we were leaving, he refused to leave the sports medicine clinic until he was able to take my picture," she said. "I have received two letters from him since then. This is what it is all about. He will never forget me and I will never forget him." ■

Dr. Alda Underwood (second from left) during 1994 Goodwill Games in St. Petersburg, Russia.

Research May Spur Bone Growth

Glenn Hudson

A Medical College of Georgia resident's efforts to spur the growth of new bone could help combat one of the most serious side effects of periodontal disease: bone loss.

Dr. Ed. Fowler, a third-year periodontics resident at the Fort Gordon DENTAC working on his research thesis, studied whether Pluronic polyols, a detergent that speeds the healing process in soft-tissue wounds, can improve the healing of bony defects by establishing blood flow to the area. His findings may be applicable to potential bone loss resulting from periodontal disease, the deterioration of gum tissue.

Dr. Fowler combined the detergent with tricalcium phosphate and with demineralized bone powder, two materials commonly used to treat periodontal disease, to see which combination resulted in a faster and more complete healing.

He treated skull injuries of rats with the combinations, then examined the skulls with a scanning electron microscope to determine the amount of healing. He determined that the combination of Pluronic polyols and demineralized bone powder was most effective in helping heal the wound.

"Although the use of Pluronic polyols did not aid in bone healing, they greatly added to the ease of graft handling and placement," Dr. Fowler said.

He conducted his research with Dr. Thomas Dirksen, Associate Dean for Research at the MCG School of Dentistry, and Dr. James McPherson III at Dwight D. Eisenhower Army Medical Center. ■

Dental Student Presents Research at National Meeting

Glenn Hudson

Brett Warren, a sophomore at the Medical College of Georgia School of Dentistry, presented his research at the Hinman Student Research Symposium in Memphis, Tenn., Nov. 3-5.

Mr. Warren, from Griffin, Ga., conducted research under the direction of Dr. Mahmood S. Mozaffari, Assistant Professor and Teaching Director of Oral Biology and Pharmacology at the MCG School of Dentistry. His research focused on the effects of fluoride on renal function in diabetic rats.

He was one of eight students who completed summer research supported by the Short-Term Training Grant for students in health professional schools funded by the National Institutes of Health and the National Institute of Dental Research. The other students and faculty mentors participating were Leigh Cummings with Drs. Sidney Stein and James Borke; Patrick Jopling with Dr. Jill Lewis; Ben Knaak with Dr. John Sterrett; Susan Lee with Dr. Mohamed Sharawy; Tony Long with Dr. Philip Hanes; Gayle Overton with Drs. Gene Dickinson and Carl Russell; and Joe Peluso with Dr. David Steflik. ■

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Lorenzo J. Anderson
Stephen W. Andrews
Frank S. Arnold
Betty D. Bailey
Michael W. Bailey
Richard L. Baker
Edward C. Bass
William O. Batchelor
Ralph A. Bearden
Mark H. Blankenship
Robert L. Brockett Jr.
John W. Bryson
Andrew L. Buettner
William T. Calhoun
William W. Carmichael
Michael M. Carson
James R. Cheever
Lester F. Cohen
Barton T. Corbin
Robert F. Cosnahan
Duane E. Cox
Philip A. Doerfler
Wilburn T. Dominy Jr. ■

18th Annual Marvin Goldstein Lectureship

May 4, 1996
8:40 a.m. to noon and 1:30 to 4:40 p.m. (registration at 7:45 a.m.)
Radisson Riverfront Hotel
Two Tenth Street, Augusta, Ga.
Credit: 6 hours of instruction
$35 registration fee—includes luncheon ($60 after April 19)

This is the 18th year that Dr. Marvin Goldstein, a prominent Atlanta orthodontist, has sponsored an internationally known dental clinician at the MCG School of Dentistry. The guest lecturer is Dr. Harold C. Slavkin. His topic: "Preparing for the 21st Century."

Dr. Slavkin is the new Director of the National Institute of Dental Research, NIH, where he oversees a staff of 400 scientists and administrators with an annual budget of more than $174 million. He was formerly Head of the University of Southern California School of Dentistry Center for Craniofacial Molecular Biology, directing a team of scientists investigating the genetics of normal and abnormal craniofacial, oral and dental development.

Graduate Students' Research Awarded

Awards were presented Nov. 10 to winners of the Medical College of Georgia Graduate Student Day research poster presentation. The annual event enables undergraduates interested in biomedical sciences to tour the campus and MCG graduate students to display their research. A panel of MCG School of Graduate Studies faculty judged the research presentations.

The winners are:

■ Excellence in Research Award, Sharukh Khajotia, a Ph.D. student in oral biology. His research is titled "Specimen Design and Analysis Using 3-Dimensional Finite Element Analysis," and his major advisor is Dr. J. Rodway Mackert Jr., Professor in the Department of Oral Biology.

■ Sigma Xi Charles J. Hannan Award, Mahanandeeshwar Gattu, a Ph.D. student in pharmacology and toxicology. His research is titled "Expression of Nicotinic Receptors and the Vesicular Acetylcholine Transporter in the CNS of Spontaneously Hypertensive (SHR) and Normotensive Rats." His major advisor is Dr. Jerry J. Buccafusco, Professor in the Department of Pharmacology and Toxicology.

■ Excellence in Research Award, Pedro Zamorano, a Ph.D. student in physiology and endocrinology. His research is titled "Determination of Glutamate Receptors Gene Expression by Competitive Quantitative RT-PCR: Application to Neuroendocrine Studies." His major advisor is Dr. Virendra B. Mahesh, Regents' Professor and Chairman of the Department of Physiology and Endocrinology.

■ August Roesel Award, Viviana Torres-Zamorano, a Ph.D. student in physiology and endocrinology. Her research is titled "Functional Link Between Tyrosine Phosphorylation and Human Serotonin Transporter Gene Expression." Her major advisor is Dr. Vadivel Ganapathy, Professor in the Department of Biochemistry and Molecular Biology.

■ Excellence in Research Award, William E. "Gene" Cannady, a Ph.D. student in physiology and endocrinology. His research is titled "Biphasic Effect of 17B-Estradiol FSH Responsiveness in Rat Gangulosa Cells." His major advisor is Dr. Thomas W. Mills, Professor in the Department of Physiology and Endocrinology.

■ Excellence in Research Award, Gloria Mora, a Ph.D. student in physiology and endocrinology. Her research is titled "Testosterone Regulation of Androgen Receptor in Rat Ventral Prostate: Study of Possible Molecular Mechanism." Her major advisor is Dr. Mahesh.

■ Lowell M. Greenbaum Award, Carolyn Y. Go, a Ph.D. student in pharmacology and toxicology. Her research is titled "Depletion of IKBa Causes Nitric Oxide (NO) Production in Rat Aortic Smooth Muscle Cells." Her major advisor is Dr. John C. Catravas, Regents' Professor in the Department of Pharmacology and Toxicology.

■ Excellence in Research Award, Juan Zhai, a Ph.D. student in physiology and endocrinology. His research is titled "Gene Expression During Leydig Cell Development." His major advisor is Dr. Thomas O. Abney, Professor in the Department of Physiology and Endocrinology.

■ Excellence in Research Departmental Award, the Department of Physiology and Endocrinology. ■

Alum Named Distinguished Professor

Dr. Brooks A. Keel ('82), Associate Dean of Research and Professor of Obstetrics and Gynecology at the University of Kansas School of Medicine-Wichita, has been awarded the Daniel K. Roberts Distinguished Professorship in Obstetrics and Gynecology.

The professorship, funded by the Kansas University Endowment Association, provides overall financial support for ongoing research efforts. Dr. Keel's research includes basic sciences research dealing with controlling the growth and development of reproductive organs, with specific interests in maternal-fetal well-being, cancer of the reproductive organs and the aging process in both men and women.

Dr. Keel is President and Chief Executive Officer of the Women's Research Institute, which he helped establish in 1985. The institute is the basic scientific research arm of the University of Kansas School of Medicine's Department of Obstetrics and Gynecology. The award, named in honor a former Professor and Chairman of the department, was presented during the institute's 10th anniversary celebration Dec. 2.

Dr. Keel completed earned his Ph.D. in reproductive endocrinology and completed postdoctoral training at the University of Texas Medical School and the University of South Dakota School of Medicine. ■

'Cell Suicide' May Hold Key to Dementia

Toni Baker

Researchers have found that brain cells in patients with Parkinson's and related diseases are committing suicide, a finding that could lead to new treatments aimed at preventing the suicide and keeping more brain cells functioning.

"Instead of something external causing the cell to fall apart, it's telling itself, 'I'm going to die and I'm going to do it in such a way that I don't kill the cells around me. I just kill myself,'"said Peggy Tompkins, a Ph.D. candidate in the Medical College of Georgia Department of Cellular Biology and Anatomy.

Ms. Tompkins conducted the research, funded by the National Institutes of Health and the MCG Research Institute, along with Dr. David Hill, Assistant Professor of Cellular Biology and Anatomy. Their findings were presented at the annual meeting of the International Society for Neurosciences Nov. 11-16 in San Diego.

While studying diseased and normal brains, the MCG researchers also found evidence of cell suicide, or apoptosis, in normal aging, which indicates that some brain cell loss associated with aging also may be preventable.

"The point is that if the cell is triggering itself to die, there is actually a mechanism we might be able to interfere with," Ms. Tompkins said.

Their work focused on the substantia nigra, a portion of the midbrain involved in controlling movement and most affected by Parkinson's disease. Analyzing autopsy specimens from the Brain Tissue Resource Center at Harvard Medical School, the researchers found some degree of apoptosis in every brain they examined. These

included three neurologically normal brains, five with Parkinson's, five with Alzheimer's, four with both diseases and seven with a related problem called diffuse Lewy body disease. Lewy bodies are abnormal structures found inside brain cells; the more Lewy bodies found, the greater the dementia. These abnormal structures also are found in Parkinson's and some forms of Alzheimer's disease.

Alzheimer's, Parkinson's and Lewy body disease are the most common neurodegenerative diseases. In all these diseases, brain cells die—probably for a variety of reasons—and are not replaced. In fact, when the brains of dead patients are studied, it's often difficult to tell the difference in the diseases, Ms. Tompkins said.

To document the suicide, MCG researchers used a probe designed to detect specific DNA damage that occurs during cell suicide and cellular changes characteristic of suicide. The highest incidence of cell suicide was found in patients who had Alzheimer's plus Parkinson's and in those with diffuse Lewy body disease; the lowest incidence was in normal brains and in those who had Alzheimer's disease alone.

"People have thought in the past that the disease itself directly kills the cell," Dr. Hill said. "But what the work that Peggy and I have done here in the laboratory suggests is that it's not the disease itself that is directly killing the cell, but the disease process causes damage to the cell and it causes enough damage that the cells says, 'I'm going to kill myself.' It's the trigger.

"This needs to be followed up on and confirmed by others, but it opens the door to some treatment strategies which may involve gene therapy in which you up-regulate the genes that would prevent cells from going into apoptosis or use growth factors which also are known to interfere with apoptosis by up-regulating elements of the pathway that block the cell from going into apoptosis," he said.

"The cells may still be sick, they may not be functioning at their best, but they are still living and working so we may stave off the disease process, slow it down and give people more quality time. Until this work, we did not recognize that this was a possibility."

Ms. Tompkins and Dr. Hill were the first to document cell suicide in the substantia nigra of patients with Parkinson's and diffuse Lewy body disease. "Other people have been looking very carefully at other neurodegenerative diseases for apoptosis and have found evidence, like we have, in Alzheimer's disease, Huntington's and amyotrophic lateral sclerosis (Lou Gehrig's disease) that this kind of cell death may be occurring," Ms. Tompkins said.

She and Dr. Hill stressed that much work remains. "There are things that also could be going on here that we can't control and haven't fully examined yet," Dr. Hill said. As an example, it's possible, albeit unlikely, that the cell suicide only occurs at the point of death, when the brain no longer gets blood and oxygen.

Researchers will now see if they can confirm their own findings, examine other areas of the brain affected by neurodegenerative disease and sort through issues such as whether cells with Lewy bodies are more likely to commit suicide. They'll also study the cells that die and explore the path of cell suicide with the idea that a better understanding of how cell suicide occurs should lead to specific drug or gene therapy to prevent it. ■

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Elise F. Adrian
Victoria M. Agyekum
Dennis P. Akiyama
Nevela S. Allen
Patricia P. Allen
Debra J. Allen
Barbara C. Anderson
Mary Ed R. Anderson
Deborah G. Andrews
Linda L. Andrews
Mark A. Andrews
Raymond A. Andrews
Lynn D. Apelgren
Diane M. Armao
Genevieve Armour
Vivian E. Armstrong
Rolland W. Arnold
Lesa C. Ashmore
Lynda S. August
Gregory W. Austin
Cetin K. Aydar
Nancy E. Babb
James E. Baer
Mary Alice L. Bailey
Mary L. Bajema
Myra M. Baker
Patricia J. Baldwin
Daniel F. Balkovetz
Niranjan Balliram
Charlene A. Banks
Frances D. Barber
Virginia B. Barclay
Carl R. Bargabos
Frances K. Barker
Patricia A. Barry
George J. Batik
Marilyn H. Baugh
Rosemary G. Baunchalk
Betty S. Beason
Angella R. Beckford
Thomas A. Beeman
Madeline I. Bennett
Joseph Berdecia Rod
Mary F. Binns
Kitty P. Bishop
Sylvia A. Blankenship
Sue B. Bloodsworth
Donna C. Boatright
Richard D. Boggan
Lynda F. Bordeaux
Carol C. Boswell
Suzanne E. Bowden
Carol Jean H. Bowie
Sally B. Bowser
Barbara W. Boyd
Charles H. Boyter
Kathy P. Bradley
Sharon M. Bradley
Lana E. Brennan
Verna M. Britton
Fredric Brockschmidt
Maria T. Brookshire
Doris J. Brown
Hugh K. Brown
Brendalyn M. Browner
Sharon M. Burch
Gene C. Burchard
Beverly G. Butler
Jacqueline A. Cabala
Maria M. Caldwell
Richardean S. Campbell
Patricia D. Cantrell
Joyce E. Carlson
Eleanor B. Carlton
Linda B. Carter
Chih Wei Chang
Lebe S. Chang
Graeme V. Chapman
Joanne E. Chapman
Lessie M. Chapman
Justina H. Chen
Clara H. Chen
Frank D. Chen
Ju Fung Chen
Xiaoyan Chen
Yu Hsiang Chen
Elaine M. Chisholm
Nancy J. Ciliax
Josephine E. Clark
Pamela K. Clay
Janice A. Cleary
Rosa J. Clemons
Mary E. Clevenger
Steven B. Cochran
Carol R. Coggins
Judith D. Coleman
Linda K. Connor
Emily A. Cook
Kathleen Y. Cooper
Karen M. Cornelius
David F. Counts
Norma M. Cox
Gemryl L. Cox-Samuels
Rebecca Cox
Wilson T. Crandall
Jennifer Crockett
Pamela R. Cromer
Frances L. Crosby
Stella E. Cross
Lerryn U. Culbertson
Edna Culbreth
Jannifer G. Culbreth
Sarah A. Cunio
Dean R. Daake
Dawn M. Daniels
Judy D. Dantaignac
Linda J. Darnell
Bruce B. Davenport
Cynthia N. Davis
Faye D. Davis
Shirley G. Davis
Linda J. Dees
Patricia Dennison
Carla DeVaughn
Carol G. Dignon
Jonathan Dissin
Billie B. Dolnick
Linda Dondero
Caryll L. Dormer
William E. Dragolich
Sharon O. Dreyer
Barbara S. Duffy
Linda D. Dunaway
Samarendra N. Dutta ■

Alum's Memory Lives On Through Descendant Award

Christine Hurley Deriso

Dr. Joseph P. Hicks doesn't remember his father, but he feels as if he knew him. The patients and friends of Dr. Wright G. Hicks, a 1945 graduate of the Medical College of Georgia, helped him live on through their warm memories.

Dr. Wright G. Hicks, a family practitioner in Jackson, Ga., died when his youngest child, Joseph, was only 5. "He was a small-town physician," Dr. Joseph Hicks said of his father. "He delivered half the town, it seemed. He had a big role in starting the county hospital and was its first Chief of Staff. There's a very close relationship between family practitioners and their patients, especially in a small town. He had helped a lot of people through the years, and they all encouraged me to practice medicine."

He never found his father's near-legendary status intimidating. "It was really reinforcing," he said. "It made me feel good about who I was."

As a teen, Dr. Joseph Hicks worked part-time for the local veterinarian and enjoyed it so much that he thought he wanted to make a career out of it. "It was a lot of fun working with animals; we worked especially with large farm animals," he said. "But as I got further into science [as an undergraduate at the University of Georgia], I decided that if I was going to go to school this long, I wanted to treat people."

So he followed in his late father's footsteps and enrolled at the Medical College of Georgia. It wasn't easy; his mother, a nurse, solely supported her three children after her husband's death, and money was always tight. But Dr. Hicks seized every spare moment during medical school to moonlight, and the college sweetheart he'd married, Catherine Hinson Hicks, worked when she wasn't in class at the MCG School of Nursing.

So Dr. Hicks was delighted when he stumbled on to another source of financial help. The School of Medicine Alumni Association sponsors a Descendant Award, a scholarship program for selected descendants of School of Medicine Alumni. Dr. Hicks, who graduated from MCG in 1988, was a recipient of the award.

"I was so happy to get it, and quite proud of the scholarship," Dr. Hicks said, noting that its homage to his father made it particularly meaningful.

Dr. Hicks completed a urology residency at MCG after graduating, influenced largely by former Department of Urology Chairman Roy Witherington. He then completed a pediatric fellowship in Houston. Today, he combines his love of children and surgery as a pediatric urologist at North Alabama Urology in Huntsville, Ala. He and his wife have twin 5-year-old daughters and a year-old son. Despite his busy practice, he hasn't forgotten his alma mater, or the School of Medicine Alumni Association, which helped make his education possible. "Not having a father, I really needed financial assistance, and they were there for me," Dr. Hicks said. ■

Former Resident Named to Board

Dr. Jill P. Hauenstein, an Augusta psychiatrist who completed her psychiatry residency at MCG, has been named to a 12-year term of the Columbia College of South Carolina Board of Trustees.

Dr. Hauenstein earned her medical degree from the Medical University of South Carolina and has been in private practice in Augusta for nine years. She is President Elect of the Georgia Psychiatric Physicians Association and is a member of the Medical Association of Georgia, the American Medical Association, American Women in Psychiatry, the American Medical Women's Association, the American Psychiatric Association and the Southern Medical Association.

She volunteers for Comfort House Inc., a low-cost, homelike environment for out-of-town families of patients hospitalized in Augusta, and for Survivors of Suicide.

Columbia College, founded in 1854, is a private, four-year, liberal arts college for women, recently ranked for the second consecutive year by *U.S. New and World Report* as one of the top five liberal arts colleges in the South. ■

Dr. Wood Presents Papers

Dr. W. Graham Wood ('67), Clinical Assistant Professor at the University of Southern California in Los Angeles Division of Plastic Surgery and Director of the Corona del Mar Plastic Surgery Center, had eight abstracts accepted for national presentation/publication during 1995.

He presented papers on eyelid surgery; "Lateral Canthopexy" and facial surgery; and "Total Facial Suction" at the 28th annual meeting of the American Society for Aesthetic Plastic Surgery in San Francisco March 19-24.

The Aesthetic Plastic Surgery Journal accepted for future publication papers on facial surgery; "Liposuction of the Nasal Tip" and breast surgery; and "Endoscopic Laser Mastectomy."

He presented papers on facial surgery; "Facial Contouring in Younger Patients" and eyelid surgery; and "Endoscopic Lower Lid Fat Removal" at the 13th annual scientific meeting of the Lipoplasty Society in Montreal, Canada Oct. 6.

He presented papers on eyelid surgery; "Orbital Septumectomy for Prophylaxis and Correction of Iatrogenic Lagophthalmos" and breast surgery; "Superior Vertical and Inferior Horizontal Bi-Pedicle Technique: A Definitive Revisional Procedure Following Explanation" at the 64th annual scientific meeting of the American Society of Plastic and Reconstructive Surgery at Montreal Oct. 7-11. ■

Hospital Changes Reflect Advanced Service, Technology

Toni Baker

A $2.3 million pediatric cardiac catheterization laboratory that produces clear digital images of heart defects is one of many recent additions to the Medical College of Georgia Hospital and Clinics.

"Our clinical facilities must be as dynamic and responsive as the care provided in them," said Patricia Findling-Sodomka, Executive Director of MCG Hospital and Clinics. "Essentially any time you visit our hospital or outpatient facilities, you'll see and hear the sounds of progress."

The lab improves the accuracy and efficiency of diagnosing children's heart problems while using less radiation, said Dr. Linda Leatherbury, the lab's Director. In the original lab, which opened in 1984, films taken during catheterization had to be developed and studied before interventional efforts could begin. "[In the new lab], you can take that digital picture of the heart lesion, freeze that picture on the image tube in the background and perform a procedure such as putting a catheter with a balloon across an obstructed valve, inflating the balloon and opening up the leaflets," Dr. Leatherbury said.

The large suite is well-suited for such interventional cardiology, with equipment set up and ready to use. The former pediatric lab site on the sixth floor of the hospital will house a new adult catheterization lab. The former adult lab is being converted to a swing lab, with equipment that can literally swing between two adult patients, increasing efficiency of time and space.

The new pediatric lab, located on the fifth floor of MCG's Specialized Care Center, will adjoin the new MCG Children's Medical Center. Next door will be the new 36-bed neonatal intensive care unit, scheduled to open this spring. Just down the hall is the new pediatric cardiology clinic site. "Essentially everything can be done in this unit that needs to be done on an outpatient basis, [including] echocardiography, electrocardiography and exercise testing," said Dr. William B. Strong, Chief of the Section of Pediatric Cardiology. A large, comfortable waiting area will feature a talking tree, big stuffed animals, colorful stars on the ceiling, animals prints on the walls and a The eighth floor of MCG Hospital, which houses the CMC's current inpatient facilities, also has had a change of face; plywood character panels featuring elephants, lions, hippos, zebras, butterflies and bees now decorate the main lobbies. The panels, designed by Indianapolis artist Patti Sparks, will be moved to the children's outpatient clinics when the new Children's Medical Center opens.

Inpatient and outpatient rehabilitation services, including physical therapy and occupational therapy, have more than doubled their space in new, comfortable, colorful surroundings to better accommodate the sometimes-lengthy therapy. The 17,000-square-foot facility resembles an apartment, complete with a working kitchen, bathroom and bedroom for patients recovering from strokes, car accidents or other disabling traumas.

"Our focus is to ensure independence in the community and at home," said Trish Kinney, Director of Physical Therapy. The gym has two sides, one rehabilitation-oriented for inpatients and the other fitness-oriented for outpatients. In the modality area, elements of heat, cold, sound waves and electricity help the body heal. Tile murals with sailboat scenes surround the large hydrotherapy treatment area for extensive wound and burn care.

The former rehab site will become part of a greatly expanded ophthalmology clinic, which should be complete next fall.

Physician and patient access to clinical service has been eased with an on-site, round-the-clock answering service through the hospital's Health Care Referral Center. Each clinical service has been designated a single number, which is used on all appointment and business cards. With one telephone call, a physician or patient can speak with an MCG faculty member or make an appointment, said Dr. Daniel W. Rahn, Vice Dean for Clinical Affairs in the MCG School of Medicine and Director of Clinical Practice for MCG Hospital and Clinics. The faculty physician on call for each clinical service can be reached directly through the answering service. Requests made after hours for appointments are faxed to each clinical service the next morning; that service returns the call that day.

"We made these changes to enhance our patient-care services and our support of referring physicians," Dr. Rahn said. About 10 percent of callers are being called back within an hour of their call to inquire whether their problem was resolved satisfactorily. To date, in excess of 95 percent of the time, the answer has been yes." ■

Note to Alumni

The class of 1947 will hold its 50th-year reunion in spring 1997. The widows of the class members are invited. Please send any known addresses of these widows to William H. Houston, M.D., '47, 2302 Miller Oak Dr. South, Jacksonville, Fla., 32217-3510.

Lost Alumni

The MCG Office of Alumni Affairs if trying to get back in touch with its "lost" School of Medicine alumni and will regularly publish a list of them. If you have any information about their whereabouts, please contact the office toll-free at 1-800-869-1113 or, locally, 721-4001.

Matthew K. Abele
Josephine W. Abritton
Wesley F. Adams Jr.
Samuel F. Adams Jr.
John F. Adkins Jr.
John H. Affleck Sr.
Robert W. Ah
John J. Alarcon
Earl L. Alderman
James L. Alexander
Charles M. Allen
Louis D. Allen
Anthony W. Allen
Thomas M. Amburgey
Razia Y. Amin-forte
Susan D. Anderson
Robert G. Anderson
Victoria G. Anderson
Russell E. Andrews Jr.
Lawrence M. Arkin
David J. Arnold
Dean S. Attaway
Anthony F. Azzi
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Eduardo J. Balbona
Gregory N. Ball
David R. Baltzell
Royce E. Banister
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Robert E. Barnes Jr.
Florence C. Barnett
Alain D. Baron
Mark S. Baron
Keith A. Barrett
Stephen J. Barton
Robert Bass
Melanie R. Bearden
William O. Bedingfield
Vincent C. Bentley
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Jon F. Bignault
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Emil Blair
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James R. Bland III
Mark G. Boddy
William S. Bohlke
Robin E. Boineau
Timothy J. Boley
Kathryn K. Bommer
Neil M. Borden
Jack C. Borders Jr.
Diane G. Bowen
J. Alfred Bowers ■

Students Hone Skills at Health Fair

Marci M. Middleton

The Confraternity of Catholic Nurses teamed with the Medical College of Georgia School of Nursing recently to host a health fair at Augusta's Most Holy Trinity Roman Catholic Church.

The fair was held in the church hall before and after the 5 p.m. Mass Nov. 18 and before and after the 8 a.m., 10 a.m. and noon masses Nov. 19. The founder of the Confraternity of Catholic Nurses, Dr. Christopher Welch, Assistant Professor of the Mental Health-Psychiatric Nursing Department of the School of Nursing, organized the event with Dr. Barbara Kiernan, Assistant Professor of Parent-Child Nursing at MCG.

"The health fair provided educational booths that addressed such health issues as HIV/AIDS, women's health, men's health, pediatric health, home health and hospice, developmental disabilities, cancer, smoking, breast examination and nutrition," Dr. Welch said.

Each booth was staffed by a registered nurse from the Confraternity of Catholic Nurses. "We utilized junior nursing students who provided various nursing skills by administering flu vaccines to the parishioners as well as blood glucose assessments and hypertension screenings," Dr. Kiernan said. The fair's goals were to provide clinical skills for junior nursing students and increase the awareness of parish nursing, she said. ■

Nutrition Project Wins Award

Christine Hurley Deriso

The American Cancer Society presented its 1995 Nutrition Project Award to its Richmond-Columbia Unit, which sponsored several programs to improve nutrition in the Augusta community.

The award was presented during the society's 49th annual awards meeting Oct. 26-27 in Atlanta.

The Richmond-Columbia Unit sponsored several initiatives during March, National Nutrition Month, to promote healthy eating among every segment of society. The initiatives included weekly nutrition displays on the Medical College of Georgia campus; nutrition presentations at local schools; providing nutrition information to MCG physicians to distribute to patients; providing nutrition information with meals at the Department of Veterans Affairs Medical Center; and providing bran muffins for University Hospital personnel.

Dr. Patricia Lillis, Chairman of the Medical College of Georgia Department of Adult Nursing, chaired the project. She estimates that the initiatives reached some 5,000 community members.

The Nutrition Project Award is based on factors such as volunteer involvement and leadership, community impact, creativity and project visibility. ■

Nurses and students man booth at health fair.

Nursing Program Wins Prenatal Award

Christine Hurley Deriso

A Medical College of Georgia School of Nursing program aimed at improving prenatal healthcare in rural Georgia has been awarded the first annual Healthy Mothers, Healthy Babies Coalition of Georgia Service Award.

MCG's Rural Health Outreach Program is based in Jefferson County, Ga., the state's fifth most economically disadvantaged county. The program's initiatives include a free prenatal clinic for Jefferson County residents who deliver their babies at MCG Hospital and Clinics. The prenatal clinic is housed adjacent to Jefferson Hospital, which also contributes to its operation.

The award recognizes a program demonstrating exemplary commitment to improving the health status of Georgia's pregnant women, infants and families by addressing issues of healthcare access for those at highest risk of poor pregnancy outcomes.

"The Rural Health Outreach Program certainly serves as a model for others in the state in its collaborative efforts to provide comprehensive services to medically underserved families," said Jan Scanlan, President of the Healthy Mothers, Healthy Babies Coalition of Georgia Inc. ■

Nursing Research Targets Cancer Patients' Eating Problems

Christine Hurley Deriso

A researcher at the Medical College of Georgia is targeting one of the most common and devastating consequences of cancer: difficulty eating.

Cancer can wage a nutritional war on many fronts, according to Dr. Patricia Wilson, Assistant Professor in the Department of Adult Nursing at MCG.

"A whole range of symptoms affects eating – some due to the cancer, and some due to the treatment," she said. Some of the problems are obvious: for instance, a lung cancer patient may have trouble swallowing, or a stomach cancer patient may feel full even when he's virtually starving to death.

But every form of cancer can affect eating habits. Chemotherapy, for instance, often induces nausea and vomiting, although drugs are now available

to help counteract the side effects. Radiation treatment also can suppress the appetite. In addition, most cancer patients deal with some level of depression and anxiety, both of which inhibit healthy eating.

The five most common symptoms that affect cancer patients' eating habits are loss of appetite, swallowing difficulty, nausea, taste changes and a feeling of fullness. The latter can be caused both by the cancer itself (for instance, the tumor of a patient with pancreatic or stomach cancer) or by surgery, which can reduce the stomach's size or capacity.

Obviously, the implications are considerable. Patients already weakened by disease need all the nutrition they can get. Inadequate diets can detract from quality of life and even hasten death, Dr. Wilson noted.

Dr. Wilson has conducted three studies, and is currently working a fourth, in which she queries cancer patients about their eating difficulties and determines which strategies most effectively battle the problem. Her current research, funded by the MCG Research Institute, will focus largely on condensing the data compiled throughout her career as a cancer nurse and researcher. She also will interview another 100 cancer patients to determine their eating problems and coping strategies.

"I want to develop a tool identifying the strategies being used and how effective they are," Dr. Wilson said.

At this point, healthcare providers rely largely on past experience when counseling cancer patients about how to deal with eating difficulties, she said. "Dietitians, physicians and nurses already share information, but we don't really have a handle on what patients are specifically doing and which strategies are most effective," she said.

A scientifically developed protocol should streamline the process, eliminating much trial and error, she said. "Targeting the most effective strategies also can reduce hospital stays and the amount of information a patient has to absorb," she noted.

Dr. Wilson already has gleaned significant information from the patients she has interviewed through the years. For instance, patients with oral cancer, whose sore mouths make chewing difficult, are best advised to concentrate on the texture of their food. "For instance, if you have a sore mouth, try mashed potatoes instead of chicken," she said. Texture also is significant for lung cancer patients, who may have trouble swallowing.

Those experiencing nausea or vomiting should, of course, consult their healthcare providers about the drugs available to counteract the side effects of chemotherapy.

Supportive loved ones can play a crucial role in helping cancer patients eat, Dr. Wilson said. "Most of the cancer patients [I've worked with] have enlisted the help of at least one other person – a spouse who keeps encouraging them to eat, for instance, or people bringing them food so they won't have to cook."

Physicians, nurses and dietitians who work with cancer patients all are available to help ensure adequate nutrition, she noted. She urges cancer patients to discuss all eating problems with their healthcare providers. ■

Lost Alumni

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Aaron Patricia A. Aaron
Angela L. Acevedo
Virginia Adams
Cynthia E. Adams
Teresa V. Adams
Cynthia A. Adams
John A. Adams
Pamela H. Albright
Marilyn W. Aldrich
Linda J. Alf
Eugenia Allen
Susan K. Allen
Linda S. Allen
Allie L. Allen
Marian D. Allen
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Colleen B. Arnold
Betty W. Arnold
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Mary A. Bowers
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Sandra M. Bowman
Evalyn M. Boyd
Helen H. Boyd
Laura W. Boyd
Melvina R. Boyd
Susan M. Boyd
Julia A. Boyett
Donna M. Boylan
Gail A. Boyter
Mary K. Brabson
Bonnie C. Brackin
Allen D. Braddy ■

...continued from page 9

Alumni Awards, 7 p.m., Old Medical College Ballroom, $35 per person.

Saturday, May 4, 1996

■ Dental hygiene program, 8:15 a.m. to 2 p.m. (registration begins at 7:30 a.m.), School of Dentistry Building, room 1020. For more information, call the MCG Division of Continuing Education at 1-800-221-6437 or 706-721-3967.• On-site registration, 9 a.m. to 4 p.m., MCG Alumni Center lobby.

■ Physical therapy course: "Sports Medicine Management of Lower-Extremity Dysfunction," 8:30 a.m. to 5 p.m., Physical Therapy Building. For more information, call the MCG Division of Continuing Education at 1-800-221-6437 or 706-721-3967.

■ 18th Annual Marvin Goldstein Lectureship, 8:40 a.m. to noon and 1:30-4:40 p.m. (registration begins at 7:45 a.m.), Radisson Riverfront Hotel, $35 registration fee (includes luncheon), $60 after April 19. Guest lecturer Dr. Harold C. Slavkin, Director of the National Institute of Dental Research, will discuss "Preparing for the 21st Century."

■ Homecoming Hospitality Suite opened 9 a.m. to midnight, Radisson Riverfront Hotel, room 325.

■ MCG Bookstore opened 9 a.m. to noon.

■ School of Medicine Alumni Association Board of Directors meeting, 9:30 a.m., MCG Alumni Center Garden Room.

■ Student Government Association cookout and pool party for alumni, 11:30 a.m. to 3 p.m., MCG Alumni Center pool area. MCG students, faculty, alumni and their families invited.

■ School of Dentistry Alumni Association business meeting, noon to 12:30 p.m., Radisson Riverfront Hotel.

■ 18th Annual Marvin Goldstein Lectureship luncheon, 12:30 to 1:30 p.m., Radisson Riverfront Hotel. Cost of luncheon included in registration fee for lectureship.

■ MCG Foundation Board of Directors meeting, 1 p.m., Old Medical College Conference Room. Transportation will be provided from the MCG Alumni Center to and from the Old Medical College.

■ School of Medicine nostalgia hour, 2 p.m., MCG Alumni Center Garden Room.

■ President's Reception, 3:30-5:30 p.m., home of President, 920 Milledge Road. Hors d'oeuvres served.

■ School of Dentistry dinner and presentation of Distinguished Alumnus Award, 6:30 p.m., Radisson Riverfront Hotel, $25 per person for members of the School of Dentistry Alumni Association and their guests, $30 per person for non-members and their guests.

■ School of Nursing Alumni Association program and dinner, 6:30 p.m., Pinnacle Club.

■ School of Medicine Class of 1946 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1951 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1956 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1961 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1966 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1971 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1976 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1981 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1986 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine Class of 1991 reunion, 7 p.m., Radisson Riverfront Hotel.

■ School of Medicine reunion for alumni who graduated from MCG more than 50 years ago, 7 p.m., Radisson Riverfront Hotel.

■ Homecoming dance, 9:30 p.m., Radisson Riverfront Hotel Ballroom, cash bar.

Sunday, May 5, 1996

■ School of Medicine Alumni Association Memorial Service, 10:30 a.m., Old Medical College Solarium.

■ School of Medicine Alumni Association Emeritus Club luncheon, 11:30 a.m., Old Medical College Ballroom, $20 per person. ■

AlumNews

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Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
Glenn Hudson
Design Brent Burch
Photography Phil Jones

Deadline for submitting information for publication in the summer issue of AlumNews is May 13, 1996

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

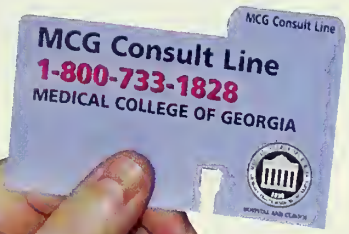
Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

By calling the MCG Consult Line, you can consult with a faculty physician, request a referral, discuss new patient care techniques and recent research findings, or even inquire about continuing education opportunities.

Your call will be answered 24 hours a day by a physician consultation specialist who will promptly connect you with the physician, service or department of your choice. If you do not know which physician or service to ask for, the specialist will assist you in identifying the appropriate MCG resource.

1-800-733-1828.



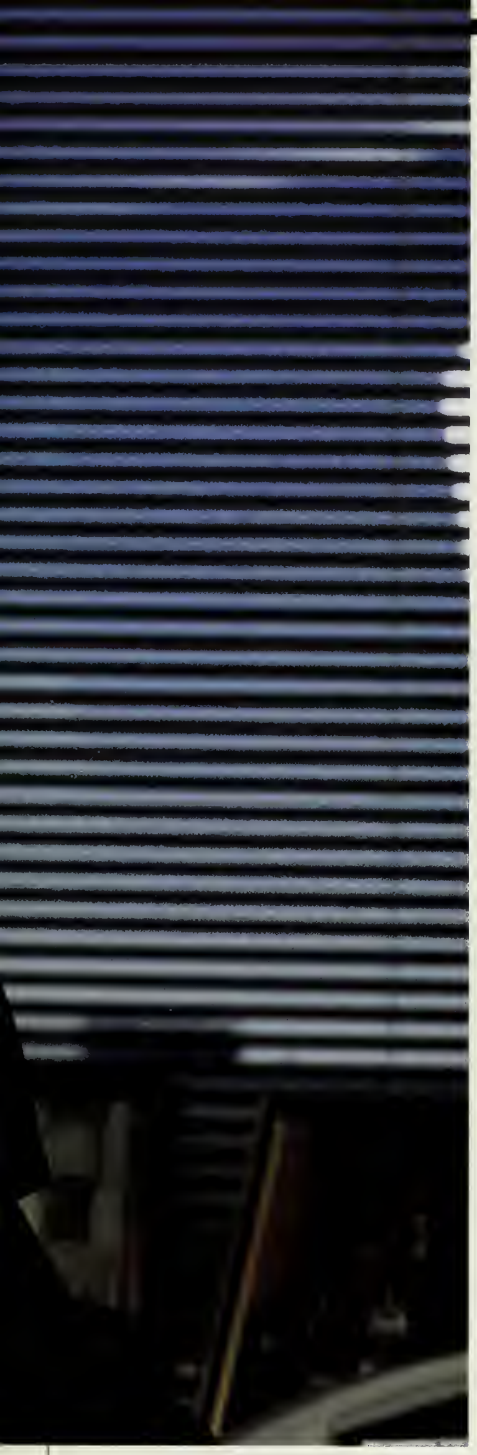
MEDICAL COLLEGE OF GEORGIA
GEORGIA HEALTH SCIENCES UNIVERSITY
1828
HOSPITAL AND CLINICS

YOUR NEW CALLING CARD

THE BEST OF INVENTIONS

When Dr. Carl R. Hartrampf Jr. steps into an operating room, the silence is deafening. Scarcely a word is spoken among the surgical team as Dr. Hartrampf does his handiwork. Machines bleep and respirators whir, but he hears none of it. A chalk board in plain view lists the patient's vital signs and other pertinent information. If other members of the surgical team need to communicate with the surgeon, they jot their correspondence on a pad.

Why such austere silence? Is it an



eccentricity of Dr. Hartrampf's to ban all noise from the operating room so he can fine-tune his concentration?

No. He'd actually give just about anything in the world to hear the hum of the machinery or the conversation of his colleagues. But he doesn't have that luxury. Dr. Hartrampf, a 63-year-old plastic and reconstructive surgeon in Atlanta, is completely deaf.

As is his nature, he has chiseled deep into his tragedy to uncover the advantages lurking within. "I'm a better surgeon now," says Dr. Hartrampf, a 1956 graduate of the Medical College of Georgia School of Medicine. "I'm totally focused. Nothing can distract me."

He wasn't always so sanguine. When Dr. Hartrampf lost his hearing after a viral infection in 1991, his devastation was beyond words. Asked if he was severely depressed, the pain in his face speaks volumes. "God, yes. God, yes! I'm talking suicidal. I was suddenly totally isolated from the world. It's hard to deal with a deaf person. If you read the letters of Beethoven, you see him withdrawing and becoming a hermit. That's what started happening to me."

A colleague burst into tears one day and asked why he wasn't her friend anymore. Dr. Hartrampf hated the pain he was unwittingly inflicting, but he saw no alternative.

Nancy Cadora, Dr. Hartrampf's Administrative Assistant since 1979, noticed the change in him immediately. "He began hesitating to put himself in a situation where he might misunderstand someone and respond inappropriately, which can be embarrassing. He retreated into a shell. It hurt me deeply, because I know how outgoing and caring he is. You can't imagine the hurt of being at a social function where everyone is laughing at a joke and not being able to participate. He was totally out of the loop. It's a very lonely feeling."

His practice suffered as well. "Our society shuns the handicapped," Dr. Hartrampf says. "My practice really fell off." But he was determined to pursue his work, which he considered one of the few things in his life that was still worthwhile. He enlisted Ms. Cadora to sit in on his appointments and typeset every word his patients said. She happily complied.

"My only objective was to keep him working," she says. "If you could see the impact he's had on women's lives.... I *do* see it. Every day."

So Dr. Hartrampf forged ahead, but his depression lingered. Nothing, he felt, would ever be the same again.

But that's before he discovered what he unabashedly refers to as his miracle.

Dr. Hartrampf is accustomed to overcoming odds. As a child growing up in the Atlanta area, he had to work harder than his friends to achieve the same results. He had dyslexia, a then-unrecognized learning disorder, and school was a struggle he detested. But thanks to his parents' vast supply of encouragement, he managed to maintain good grades. And he enjoyed everything except school—particularly the bucolic country-in-the-city home of his close-knit family, where he cared for the animals that abounded on their land. "My daddy taught me not to shy away from the dirty parts of taking care of animals," he says.

His father passed along something else as well: a yen for tinkering. "He taught me the basics of inventing, as his father had taught him. I was always interested in doing things differently than they had been done before. My mother provided one of the essentials of creativity: she allowed me to go around the house taking things apart."

After graduating from high school, he began taking college courses. But having abandoned his first dream—chicken farming—he was anxious to move ahead with his second. He wanted to be a doctor, and he applied at MCG before even earning an undergraduate degree. He remembers the now-deceased Dr. Raymond Ahlquist reviewing his transcripts. "Dr. Ahlquist said that my scores told him I could never make it through medical school," Dr. Hartrampf recalls with a smile. But something about the applicant gave Dr. Ahlquist the hunch that, test scores notwithstanding, this kid would make a fine doctor. Dr. Hartrampf was accepted. "I think there's a lesson there," Dr. Hartrampf says. "I think we need to look at all of a person's attributes."

He says with a conspiratorial chuckle that his undergraduate degree never quite materialized. "They told me to get my degree during the summer, and it never worked out."

Soon after beginning medical school, he married a medical illustration student, and he and wife Pat made themselves at home in Augusta. Dr. Hartrampf even managed to farm the little yard of their modest home a few blocks from campus. "I almost flunked out during the spring of my sophomore year because I was busy working my garden," he laughs. He remembers driving to the construction site of Talmadge Memorial Hospital (now the Talmadge Building of MCG Hospital and Clinics). Several buildings had been demolished to make way for the hospital, and Dr. Hartrampf loaded his truck with discarded bricks. He took the bricks home and built himself a patio.

But for all his extraneous hobbies, Dr. Hartrampf was completely dedicated to medical school. To this day, he can easily click off the names of inspirational teachers and colleagues. He'll never forget Dr. Bob Major, then Chief of Thoracic Surgery at MCG, and the artistry he brought to his craft. Likewise, he was captivated by the work of Drs. Robert and Lois Ellison, cardiac pioneers at MCG.

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After earning his medical degree, Dr. Hartrampf and his family, which now included two children, moved to the University of North Carolina where he completed a surgery residency and his wife established a medical illustration department. He trained further in hand surgery and plastic surgery, then headed back home to begin a practice in Atlanta. He intended to specialize solely in hand surgery but soon realized he needed a bigger patient base to keep his practice viable. He expanded his practice to include all aspects of plastic surgery, but to this day, he's quick to make a distinction.

"I've always considered myself a reconstructive surgeon," he says. "That's 99 percent of my practice."

A particular area of interest was breast reconstruction for cancer patients. He felt strongly about the need to make such patients feel whole again, but he was frustrated by what he had to work with.

"I was never satisfied with silicone," he said, referring to the rubbery substance used to mold an artificial breast. Potential side effects of silicone include leakage and hardening. The material also has been linked to connective-tissue diseases, but Dr. Hartrampf doubts a connection. "I think it's a very remote link, if at all," he says.

Nevertheless, he was convinced there was a better way to reconstruct a breast. "It goes back to my daddy. He taught me to never be satisfied with the way things are. I figured if we could get natural tissue there, that would be the best." At this point, Dr. Hartrampf called on several sources of inspiration, including the inventing techniques he learned from his father and his familiarity with anatomy, particularly the lower abdomen, due to his general surgery training and his work with Dr. Major and Dr. Robert Ellison at MCG. He realized that women, even thin women, have excess fat in the lower abdomen. He was convinced he could transplant some of that tissue to the breast, establish a blood supply from the internal mammary system and give women the next-best thing to their natural breast. He performed the surgery on a patient for the first time in 1980, with beautiful results. He's spent the last 15 years refining and teaching the technique, dubbed the TRAM flap, which "they say is the gold standard all over the world now," he says.

"It's one of the major milestones in breast reconstruction, without a doubt," says Dr. Kenna Given, Chief of the MCG Section of Plastic and Reconstructive Surgery. "Dr. Hartrampf deserves every bit of the credit and recognition he's received. He's just a super individual—an excellent physician, surgeon and colleague. He has the respect of everybody in the plastic surgeon community."

Dr. Hartrampf's many awards include the 1995 American Cancer Society's Distinguished Service Award in honor of the TRAM flap.

But it's another medical invention that restored Dr. Hartrampf's love of life after he lost his hearing. In 1993, he traveled to California to take one last shot at rejoining the world. He met with the developer of the cochlear implant, a device implanted just behind the ear. The implant uses a computer, which patients tuck into their shirt, to digitize sound and transmit it to the nerve endings of the internal ear. Dr. Hartrampf heard about the procedure on a Monday and scheduled himself for surgery three days later. He'll never forget the first sound he heard in three years, and he treasures it to this day: "The most beautiful sound I hear is my own voice," he says.

He still can't hear music or crowd noise (Ms. Cadora travels to lectures and meetings with him and transcribes), and he can't wear the implant into the operating room because of electrical dangers. But Dr. Hartrampf has no complaints. "This has been a Godsend," he says. "It's a modern-day miracle. And every time some kid improves the [implant's] software, my hearing gets better." He has very little trouble following a conversation, although he asks people to sit nearby and on the side of his implant.

His personality has definitely been revived. Dr. Hartrampf—a warm and jovial man who befriends people almost immediately—takes nothing for granted. He was a few minutes late for a meeting recently because he couldn't tear himself away from a conversation with one of his eight grandchildren. He also reads voraciously, finally enjoying the classics that he didn't read in his youth because of his dyslexia. He's even fulfilled his original dream of farming. He owns several acres of farmland in North Carolina, where he and his wife spend virtually every weekend.

And he's never lost his love of tinkering. "I'm sure I'll die with some ideas in my mind that will never come out," he says. "But I'm glad they're there. Otherwise, I'd quit. I wouldn't want to quit while my ideas are still cooking." ■

—CHRISTINE HURLEY DERISO

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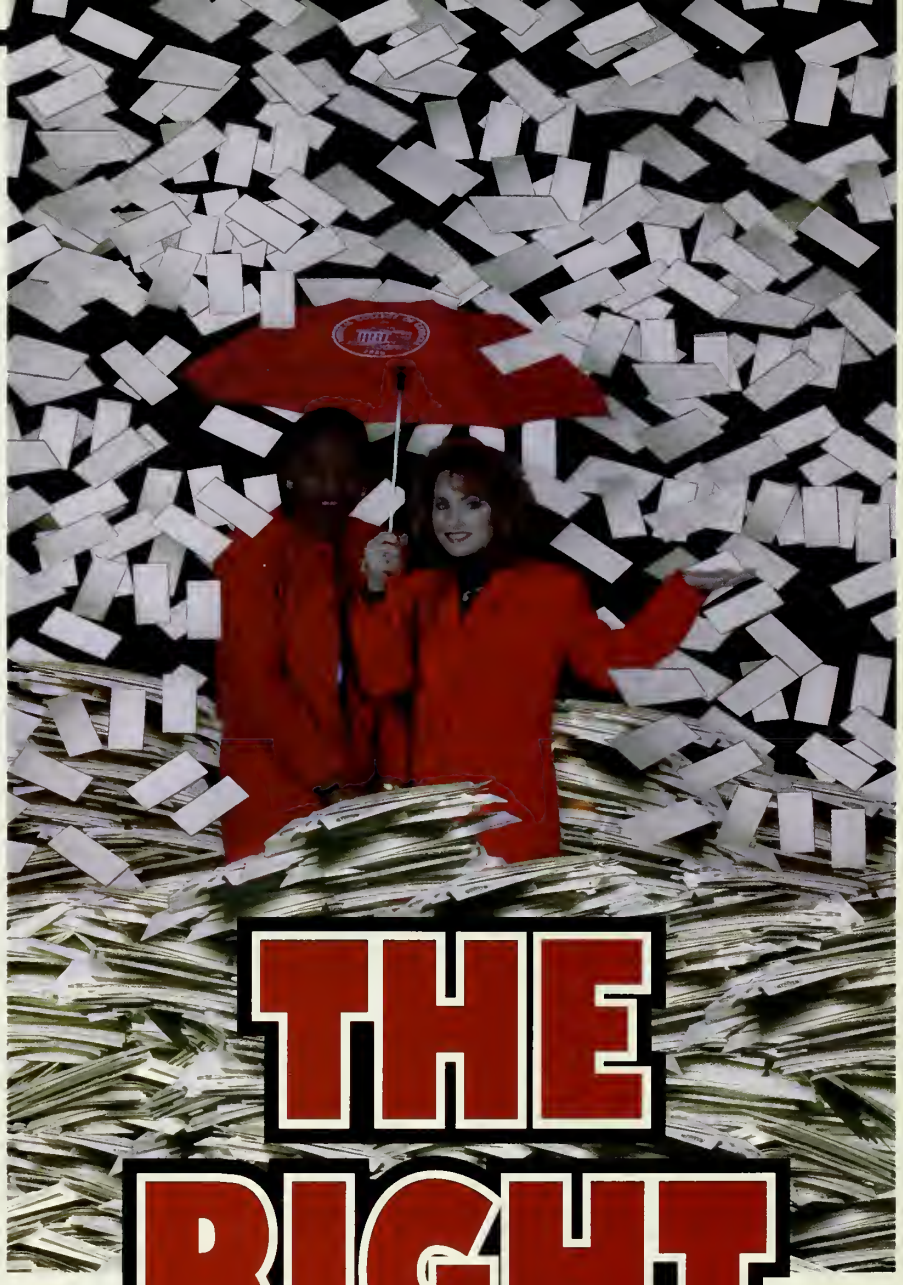

THE RIGHT STUFF

Anyone who doubts the ever-growing stature and reputation of the Medical College of Georgia need only look at its list of applicants.

Students are applying to the MCG Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing in record numbers.

"Our reputation is growing," said Dr. Mary Ella Logan, Associate Dean for Admissions in the MCG School of Medicine. "Some of the top undergraduate programs in the country are recommending MCG to their students. So the number of applicants is probably only going to go up."

Here's a breakdown of admission requirements for each of MCG's five schools:

School of Allied Health Sciences

The School of Allied Health Sciences has the most complex requirements for admission, simply because its 21 programs have their own criteria for judging candidates. "All the programs would like for students to gain knowledge about that specific discipline ahead of time, and all require some experience, whether it's volunteer or employment, to measure a student's motivation and interest," said Dr. Biagio Vericella, Dean of the School of Allied Health Sciences.

Although the competition is tight in all the programs, those interested shouldn't hesitate to apply. "What people don't realize is that in some of our other programs, like dental hygiene, radiation therapy and respiratory therapy, we need more applicants than we currently have," Dr. Vericella said. "No matter what program you apply for, jobs are available in all fields in the allied health sciences."

Allied health candidates should have an undergraduate grade point average of at least 2.5 on a 4.0 scale. A high school GPA of at least 3.5 is preferred for those applying for an associate of dental science degree. Last year, first-year allied health students had a 3.16 combined average GPA.

"Since most of the programs in the School of Allied Health Sciences are small, only a small number of high-caliber students are accepted each year," said Liz Griffin, Director of Undergraduate Admissions at MCG. "Scholastic Aptitude Test scores, references and the interview process are the main way we choose the top candidates.

"A candidate's experience is important, as well as how motivated he is for pursuing his career," Ms. Griffin said. "Once students are selected, we want them to graduate and work in the field. We have a very high retention rate and we strive for a 100 percent graduation and employment rate, so we want students who are committed to their education."

The occupational therapy and physical therapy programs in the School of Allied Health Sciences accept only Georgia residents, said Dr. Vericella. Those two programs, along with the physician assistant program, received the bulk of the school's 2,139 applications last year. Only 322 students were accepted for the school's associate and bachelor-degree programs.

School of Dentistry

The School of Dentistry, which interviews 80 applicants for approximately 50 positions each year, received applications from 143 Georgia residents and 70 nonresidents in 1995. "We have definitely seen an increase in the number and quality of applicants over the last eight years," said Dr. Mike Miller, Director of Student Admissions and Academic Support for the School of Dentistry. "We have a very strong preference for in-state students, since our mission is to train dentists for Georgia."

The School of Dentistry requires a minimum of 135 hours of college credit, including the basic sciences and English. Applicants also must take the Dental Admissions Test, given each April and October by the American Dental Association.

An undergraduate GPA of at least 3.1 enhances the chance of acceptance into the School of Dentistry, as does a high score on the DAT, especially the perceptual test score which measures visual accuracy and eye-hand coordination—a talent every good dentist must have. The application interview is important as well.

"We're looking for bright, highly motivated people to train as dentists so we can meet the oral healthcare needs of the citizens of Georgia," said Dr. Miller. "Our applicant pool is increasing every year, so students need to apply early. They should take the DAT in the spring of their junior year in college and apply for admission no later than Labor Day of their senior year in college."

School of Graduate Studies

Admission to the School of Graduate Studies is similar to the School of Allied Health Sciences in that each program has its own criteria for accepting an applicant. The School of Graduate Studies is the only of MCG's five schools that does not require Georgia residency for a certain percentage of its class.

The main admission requirements are three letters of recommendation and the Graduate Record Exam, which consists of three categories: verbal, quantitative and analytical. The maximum score for each section is 800. The verbal and quantitative portions of the exam weigh heaviest, said Dr. Gary Bond, Associate Dean for the School of Graduate Studies. "We like to see a [combined] score of 900 or greater for our master's-degree candidates, and a score of 1,000 or greater for our Ph.D. candidates. However, GRE scores are only one aspect of an applicant's credentials. Letters of recommendation are carefully reviewed along with the applicant's undergraduate achievements and experience.

"We also like to see a 3.0 to 3.2 GPA in a candidate's undergraduate work," he said. "One strict requirement is that if a candidate is from a foreign country, he must achieve at least a 600 on the Test of English as a Foreign Language examination."

The wide variety of programs offered by the School of Graduate Studies requires each program to have an admissions committee. The type of training emphasized by each program determines the characteristics sought in applicants. For example, in the biomedical sciences, undergraduate performance in science courses and research experience are heavily weighed. Other areas such as graduate education in allied health and nursing require extensive work experience in the field. In addition, many programs require students to be licensed or certified in their area before entering graduate school.

Also, "for medical illustration, there is a special requirement that no other program has, and that is a portfolio demonstrating artistic talent," said Dr. Bond. "This portfolio should be submitted early in the application process as well."

School of Medicine

Nowhere is the rise in quality applicants more apparent than in the MCG School of Medicine, which has seen an increase in applications from 746 in 1989 to almost 2,000 in 1995. "Last year, 978 Georgia residents applied for 180 spaces in the freshman class," said Dr. Logan. "The Board of Regents requires that 95 percent of the class must be Georgia residents, since our mission is for education in the state of Georgia."

The School of Medicine requires three years of undergraduate pre-medical curriculum and completion of the Medical College Admission Test. "We don't have a minimum MCAT score or grade point average," said Dr. Logan. "We run a competitive admissions process, so the stronger a candidate's credentials, the more competitive he will be."

The 1995 entering class had a combined grade point average of 3.49 out of a possible 4.0 and a combined MCAT score of 9.74 out of a possible 15.

But grades and test scores are by no means the only consideration when selecting students. "We're looking for students who demonstrate motivation, commitment, compassion and empathy as personal characteristics," Dr. Logan said."They also must have good communications skills. There is a strong emphasis on candidates' interview, their recommendations and whether or not they have volunteered in a hospital or been involved in community service.

"There are a lot of how-to books out there telling you how to get accepted to medical school. I would throw those away. Apply early. Be yourself. Don't give up. Remember that several students in each freshman class got in on their second try."

The School of Medicine uses the American Medical Association Application Service, which has a Nov. 1 deadline each year.

School of Nursing

The School of Nursing receives 600 to 700 applications a year for its 150 first-year spots. "We accept 50 for our Athens campus and 100 for Augusta. The Athens campus is even more competitive because there are fewer slots and a lot of our applicants come from the University of Georgia," said Dr. Kathy Nugent, Associate Dean for Undergraduate Admissions at the School of Nursing.

School of Nursing candidates are judged using a formula combining SAT scores and GPAs. The math portion of the SAT weighs more heavily than the verbal. "A student should have at least a 500 in each category of the SAT for a total of 1,000," said Dr. Nugent, "although we really like to see the math portion of the SAT above 550." The maximum score for each portion is 800.

"Our students have a 3.4 average GPA for their undergraduate work. All of our candidates have completed two years of college and 90 hours of core work in the general sciences, anatomy, statistics, microbiology and physiology," Dr. Nugent said. "Their GPA for these courses weighs heavily as well."

Other considerations include applicants' performance in other courses; an essay about why they want to pursue nursing; their experience in the field such as volunteer work; and references. The school prefers that at least one of the references come from professionals in the nursing field.

A willingness to be a lifelong learner is a must in the nursing field, Dr. Nugent said."Future nurses will be working with unlicensed personnel more often, and therefore will have more responsibility. With the area of home health increasing, a nurse's critical-thinking skills are becoming more important. Nurses need to know how to adapt to changing situations." ■

—GLENN HUDSON

The Right Questions to Ask About Your Will

Whenever the topic of wills is brought up, many questions begin to surface. You may prefer not to think about it, but this document provides you with a privilege you should not dismiss lightly.

Some of the most frequently asked questions and their answers are provided for your serious consideration.

Q. Why is my will so special?

A. Next to your birth certificate and marriage license, it could be the most important document in your life. Unless you're planning to live forever, your will is the only way you can be sure all of your property will go to those relatives, friends and organizations you care about most. Without a will, the state will decide who gets what, without bothering to consult anyone or to consider the special needs and financial circumstances of your particular situation.

Q. But won't joint ownership, life insurance and pension arrangements take care of things?

A. Yes, up to a point. Remember, though, you probably have other assets to dispose of, such as personal effects, automobiles, your last salary check, an inheritance or a pending claim. And what if you and your spouse (or other person), the joint owner or policy beneficiary, both die without proper wills, perhaps in a common accident? Beyond that, too much joint ownership may result in a big tax bite out of the survivor's estate, something you can avoid with a good estate plan. And in community property states, it is important to sort out what is held in community property as opposed to other forms of joint ownership.

Q. What should my will do for me?

A. To begin with, your will lets you give specific possessions and amounts of money to individuals and charities.

What remains is the residue of your estate, which you then can give in various proportions to your spouse, children, relatives, friends and charities. You have the privilege of setting up trust arrangements to protect beneficiaries, manage investments or avoid taxes. Finally, your will lets you choose an executor (personal representative) who is capable of settling your estate.

Q. Don't certain benefits in the tax law take the sting out of estate taxes?

A. That depends on your circumstances. Under federal law, an estate of up to $600,000 can pass tax-free. And there's an unlimited marital deduction for property left to a surviving spouse, either outright or in a qualified trust if both are U.S. citizens. Among the states, however, death tax exemptions generally are lower. Moreover, a married couple shouldn't make the mistake of overlooking the tax impact on the survivor's estate when property passes to children or other individuals. Unless the surviving spouse remarries and leaves something to another spouse, the value of the estate over the tax-free level (remember that's $600,000) will be subject to federal tax rates. The rates kick in at 37 percent and go up from there. That's painful, to say the least.

Q. What can I do so my estate will pay as little estate tax as possible?

A. For a married couple, establishing a lifetime trust where tax planning is done to create further trusts at death is a good way. For example, a husband can leave part of his estate to a tax-sheltered trust for his wife, giving her a life income. The trust amount will avoid tax at his death. Then at her later death, the trust remainder can be paid to their children or others as he directed, bypassing any taxes on her estate. Another superb way to minimize death taxes is to leave part of your estate to the charitable organizations you favor. And where a single person is involved, it may be very important tax-wise to consider substantial gifts to charities.

Q. When should I review my will?

A. To be on the safe side, every three years. Better yet, look your will over whenever there are major changes in your marital or family status; the nature or size of your estate, federal or state tax laws; or your wishes for how you want your estate to be divided. Here's a checklist:

- Has your marital status changed?
- Do you have a new child or grandchild?
- Has a beneficiary died?
- Does your will benefit from recent tax laws?
- Have you moved to another state?
- Will new life insurance coverage or enlarged pension benefits affect your estate plan?
- Have you bought real estate in another state?
- Do you have a closely held business to be managed, sold or given to certain heirs?
- Do you have a self-proving will so missing witnesses won't hold up probate?
- Should you change bequests to reflect gifts or loans to certain beneficiaries?
- Should you set up trusts to protect beneficiaries, manage investments or cut taxes?
- Have you already disposed of an article mentioned in your will?
- Has your estate increased through your own efforts or by inheritance?
- Do you have the power to will the remainder of another's trust?
- Should bequests be increased or decreased because of changed needs of the beneficiaries?
- Do you want to benefit a charity?
- Is your executor capable of settling your estate?

The single most important bit of advice is to act now. Do something about your will right away. Reviewing your old will or drafting a new one could well be your first step to achieving an effective estate plan. We recommend that you obtain the professional counsel of a lawyer who specializes in probate and estate planning.

If you're considering a gift to the Medical College of Georgia, we'll be glad to help you and your attorney design the best plan for your will in light of your wishes, financial circumstances and tax concerns. Please give us a call at 1-800-869-1113, or write to:

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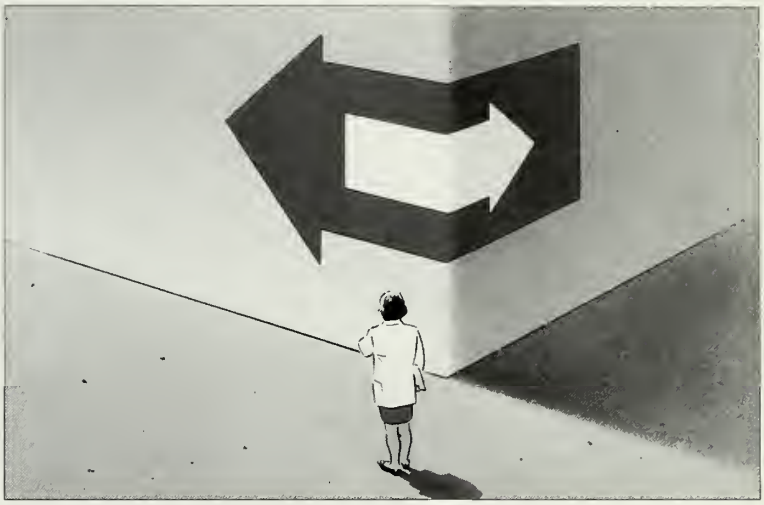

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